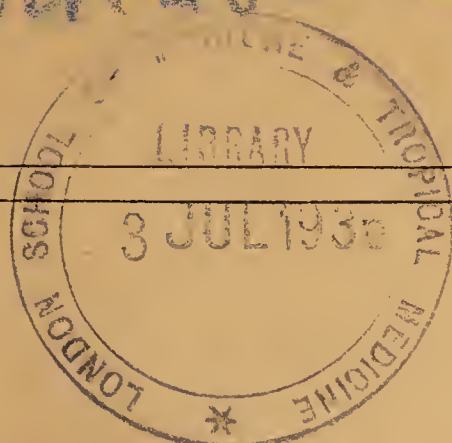


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BOROUGH OF ROYAL TUNBRIDGE WELLS.

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

School Medical Officer

For the Year 1935.

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.



Borough of Royal Tunbridge Wells.


ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER

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F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

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BOROUGH OF ROYAL TUNBRIDGE WELLS.

HEALTH COMMITTEE :

(Present Constitution)

THE MAYOR (Mr. Councillor WEEKES).

Mr. Councillor STRANGE (Chairman).

Alderman Miss BAKER.

Mr. Councillor HARGREAVES.

Mr. Alderman CALEY.

Councillor Dr. RANKINE.

Councillor Miss BARNES.

Mr. Councillor SARGENT.

MATERNITY AND CHILD WELFARE COMMITTEE :

(Present Constitution)

THE MAYOR (Mr. Councillor WEEKES).

Alderman Miss BAKER (Chairman).

Mr. Alderman CALEY.

Mr. Councillor STRANGE.

Councillor Miss BARNES.

Mrs. HAMMOND.

Councillor Dr. RANKINE.

Mrs. PAYNE.

Mr. Councillor SARGENT.

Miss SCOTT.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Senior Sanitary Inspector :

H. T. TAYLOR, F.R.S.I., F.S.I.A. (a) (b)

Inspectors :

H. J. BELLAMY (a) (b) (*appointed* 21/1/1935). E. J. A. BETTLE (a) (b) (*resigned* 22/4/1935).

W. P. CAVE (a) (b).

E. J. WELLS (a) (*resigned* 18/1/1935).

R. R. CREASEY (a) (*appointed* 27/5/1935).

Disinfector, etc. :

H. MAIL.

Chief Clerk :

J. G. COX.

Assistant Clerks :

Miss DOROTHY BULL.

C. H. WEEKES.

Health Visitors :

Miss P. M. BUCKNELL (c) (d)

Miss M. MACLAREN (c) (d)

Miss J. DONALDSON (c)

Miss E. RICE OXLEY (c) (d)

*Public Analyst :

A. H. M. MUTER, F.I.C.

*Dental Surgeon :

T. NEVILLE STRANGE, L.D.S., R.C.S. Eng. (*appointed* 3/5/1935).

T. F. FOX, L.D.S., R.C.S., Eng. (*resigned* 1/5/1935).

*Medical Officer for Ante-Natal Clinic :

MARGARET EMSLIE, M.B., Ch.B.

*Medical Officer for Orthopaedic Clinic :

P. L. RICHARDSON, M.B., B.S., M.R.C.S., L.R.C.P.

Assistant Medical Officer of Health :

D. D. PAYNE, M.D., D.P.H. (*appointed* 23/4/1935).

W. D. T. BRUNYATE, M.D., D.P.H. (*resigned* 18/4/1935).

Medical Officer of Health and Medical Officer for Maternity and Child Welfare :

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

- - -

Borough Infectious Diseases Hospital :

Medical Superintendent :

THE MEDICAL OFFICER OF HEALTH.

Matron :

Miss E. M. BROCKLEHURST.

(a) Cert. R.S.I.

(b) Meat and Other Foods Cert.

(c) Health Visitor's Certificate.

(d) C.M.B. Certificate.

* Part-time Appointments.

INDEX.

	PAGE
STATISTICS AND SOCIAL CONDITIONS OF THE BOROUGH :—	
General Statistics	8
Extracts from Vital Statistics	8
Population	9
Physical Features and General Character	10
Meteorological Notes	10
Social Conditions	14
Recreations	14
VITAL STATISTICS :—	
Births	15
Deaths	15
Infectious Diseases	17
Infant Mortality	17
GENERAL PROVISION OF HEALTH SERVICES IN THE AREA :—	
Public Health Staff	3 & 20
Laboratory Facilities	21
Ambulance Facilities	22
Nursing in the Home	23
Clinics and Treatment Centres	24
Public and Voluntary Hospitals	25
Other Forms of Medical Relief	29
PUBLIC ASSISTANCE	31
MATERNITY AND CHILD WELFARE SERVICES :—	
Infant Welfare Centres	31
Ante- and Post-Natal Clinic	32
Orthopaedic Treatment	34
Dental Treatment	35
Health Visiting	35
Infant Life Protection	35
Assistance in Necessitous Cases	36
Institutional Provision for Mothers or Children	37
MATERNITY AND NURSING HOMES REGISTRATION ACT, 1927	37
LEGISLATION IN FORCE	38

SANITARY CIRCUMSTANCES :—						PAGE
Water Supply	...	...	...	...	...	40
Rivers and Streams	...	...	...	...	...	42
Drainage and Sewerage	...	...	...	...	...	42
Closet Accommodation	...	...	...	...	...	43
Public Cleansing	...	...	...	...	...	43
Schools	...	...	...	...	...	44
Smoke Abatement	...	...	...	...	...	44
Swimming Baths and Pools	...	...	...	...	...	44
Shops Act, 1934	...	...	...	...	...	45
Housing	...	...	...	...	...	45
SANITARY ADMINISTRATION :—						
Sanitary Inspection of Area	...	...	...	...	...	46
Summary of Work Done	...	...	...	...	...	47
Inspection of Houses	...	...	...	...	...	48
Defects Remedied	...	...	...	...	...	50
Factories and Workshops	...	...	...	...	...	51
Dairies, Cowsheds and Milkshops	...	...	...	...	...	51
Food Supplies ...	...	...	...	...	...	52
Food & Drugs Act	...	...	...	...	...	53
Rats and Mice Destruction	...	...	...	...	...	54
PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES :—						
(a) Notifiable Infectious Diseases	...	...	...	...	...	55
(b) Non-Notifiable Acute Infectious Diseases	...	...	...	...	...	63
CANCER	...	...	...	...	...	64
DISINFECTION AND DISINFESTATION	...	...	...	...	...	66

To His Worship the Mayor, and to the Aldermen and Councillors of the Borough of Royal Tunbridge Wells.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit to you a Report dealing with the Sanitary circumstances, Vital Statistics, and work of the Public Health Department of the Borough, during the year 1935.

Infectious diseases were unusually light in incidence and presented no special problem. The mortality from Tuberculosis continues to be low, and the quinquennial decrease is well brought out by glancing at the figures in the last column of the Table on page 62. Advice was given at largely attended clinics, on the health of mothers, young children and school children, and instruction in healthy living was given in the magazine " Better Health ".

Rainfall was exceptionally heavy, exceeding the average by 8 inches. Owing to exceptionally sunny summer months, the year's sunshine was also somewhat above the average.

No fresh building was undertaken by the Corporation during the year, though much was done by private enterprise. Overcrowding still exists, and will not be fully relieved until more houses at low rents are available. The particulars obtained from the Survey carried out under the Housing Act, 1935, coupled with previous data collected, will allow of a scheme to meet the needs of the Town being put forward at an early date.

The water supply to the Borough is adequate in quantity and excellent in quality. Considerable improvements were made in the drainage system of the southern portion of the Town. Scavenging and refuse disposal were well maintained, and adequately performed.

My grateful thanks are due to the various workers in the Health Department :—Dr. Payne and the Staff of part-time medical and dental workers, the Sanitary Inspecting Staff, the Health Visitors, the Staff of the Fever Hospital, the Clerical Staff, and the Caretaker-Laboratory Assistant : their work has resulted in the fulfilment of the many tasks herein recorded.

Lastly, the support and encouragement given me by my fellow Officials, and by the Members of the various Committees of the Council with which my work has been associated, have been warmly appreciated.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

F. C. LINTON.

PUBLIC HEALTH OFFICES,
10, CALVERLEY TERRACE,
TUNBRIDGE WELLS.

13th June, 1936.

STATISTICS AND SOCIAL CONDITIONS OF THE BOROUGH.

General Statistics.

Area in acres	...	...	...	...	...	6,034
Population (Census, 1931)	...	...	...	...	...	35,365
Resident Population (Registrar-General's estimate —Mid-year, 1935)	...	...	...	...	...	33,490
Resident Population (Medical Officer of Health's estimate—Mid-year, 1935)	...	...	...	...	...	35,650
Persons per acre	...	...	...	...	...	5.9
Number of houses intended or used for habitation on December 31st, 1935	...	...	...	...	...	9,795†
Number of inhabited houses (end of 1935)	...	...	...	...	...	9,541†
Persons per inhabited house	...	...	...	...	...	3.7
Rateable Value	...	...	...	...	...	£462,890
Sum represented by a penny rate :—						
On General Rate	...	...	...	...	...	£1,781
Mean annual temperature	...	...	...	...	...	49.7°F
Total rainfall, 1935	...	...	...	...	...	38.6 inches
Hours of bright sunshine, 1935	...	...	...	...	...	1,621 hours 30 minutes
†These figures include Flats, and represent the number of separately <i>occupied</i> premises.						

Extracts from Vital Statistics of the Year.

			Total.	Males.	Females.
Live Births	Total	...	391	188	203
	Legitimate	...	380	185	195
	Illegitimate	...	11	3	8
Birth Rate per 1,000 of the estimated resident population— 11.0 (11.7 on Registrar-General's estimate of population).					
Stillbirths	...	...	14	6	8
Stillbirth Rate per 1,000 of total (live and still) births—34.6.					
Deaths	...	...	511	206	305
Crude Death Rate—14.3 per 1,000 of estimated resident population (on Registrar-General's population estimate— 15.3).					

Death Rate corrected for age and sex constitution—(factor for correction, 0.73, 1931 Census), 10.5 per 1,000 of estimated resident population (on Registrar-General's estimate of population—11.1).

Deaths from puerperal causes :—

	Deaths.	Rate per 1,000 (live and still) births.
From Puerperal Sepsis	0	0.0
From other puerperal causes	0	0.0
Total	0	0.0

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	35.8
Legitimate infants per 1,000 legitimate live births	36.8
Illegitimate infants per 1,000 illegitimate live births	0.0

	Total	Males.	Females.
Deaths from Measles (all ages) ...	0	0	0
„ „ Whooping Cough (all ages)	2	0	2
„ „ Diarrhoea, etc. (under 2 years of age) ...	0	0	0

Population.

The population at mid-year 1935 was stated by the Registrar-General to be 33,490—a figure which has again dropped by 800 from that supplied for 1934, and which is now more than two thousand less than my estimate of the population.

The Census population (1931) was 35,365, and an area with 501 persons living in it has been added to the Borough since that date. I estimate the population in mid-year 1935 to be 35,650.

In view of the discrepancy in the estimates, duplicate figures recording the birth and death rates, etc., as calculated on the two estimates are given. *A quinquennial Census instead of a decennial Census would prove a boon.*

Physical Features and General Character.

At the end of 1935, the Borough of Royal Tunbridge Wells covered 6,034 acres. On 1st April, 1934, its boundaries were extended to include a large area to the south-east and east, and slight modifications were made in the boundary at Rusthall. The new area includes a population of some 500 persons, and consists chiefly of woodland and pasturage.

The town, which lies in the extreme south-west corner of Kent $34\frac{1}{2}$ miles from London and 30 miles from the South Coast, is built upon hills, most of the houses standing at a level between 300 and 450 feet above sea level. The climate is breezy and bracing, with sheltered spots for those who live in the valleys.

The sub-soil is mostly sandstone, the geological layer known as Tunbridge Wells Sands predominating.

Meteorological Notes.

The records of the Municipal Meteorological Station, which is one of the official auxiliary stations reporting to the Meteorological Office, are kept by the staff of the Health Department, and have been so kept since 1st July, 1914. The instruments are situated in the Calverley Grounds, with the exception of the Sunshine Recorder, which is established on the roof tower of the Earl's Court Hotel, Mount Ephraim, and of the Standard Barometer, kept in the Health Office.

The Bowling Green site in the Calverley Grounds is still in use, until a better offers: the usual certificate from the Meteorological Office is suspended until a more satisfactory site is obtained. Duplicate rainfall readings were taken throughout the year at the old station and the new, for comparative purposes. Efforts were again made to secure a site which would be more suitable, but one selected and inspected by an officer from the Meteorological Office was not considered so satisfactory as to justify a change.

The readings were taken by Mr. W. P. Cave and Mr. E. J. A. Bettle, members of the Staff of the Health Department; owing to the departure of the latter to take up a fresh appointment elsewhere, Mr. R. R. Creasey succeeded him as Meteorological Observer in May, 1935.

The annual inspection of the station by an inspector of the Meteorological Office took place on 2nd May, and on his recommendation a new maximum thermometer was substituted for the one in use which had developed a defect requiring elaborate correcting calculations.

The total amount of bright sunshine recorded was 1,621 hours 30 minutes, the mean amount being 1,586 hours 24 minutes. The most sunny day was June 29th, 14 hours 42 minutes being recorded. There were 60 sunless days, 66 being the average.

The highest temperature in the sun was 140 degrees, on 25th June.

The mean temperature in the shade for the year was 49.7 degrees, 49.2 degrees being the average.

The mean daily range was 14.7 degrees, the average being 14.1.

The temperature in the shade four feet above the ground was highest, 87 degrees, on August 8th, and lowest, 18 degrees, on the 23rd and 24th December.

The temperature in the shade first reached :—

60 degrees on 20th March.

70 „ „ 5th May.

80 „ „ 22nd June.

Last reached :—

80 degrees on the 22nd August.

70 „ „ „ 28th September.

60 „ „ „ 3rd November.

The hottest night was 12th July, when the temperature did not go below 63 degrees.

The last frost in the air in Spring was on 19th May, and the first in the Autumn on 21st October. The last on the grass in the Spring was on 19th May, and the first in the Autumn was on 12th October.

The rainfall amounted to 38.6 inches, the average being 30.54 inches. It fell on 180 days, the average being 170.

The most rain that fell on one day was 1.33 inches on 24th February.

The wind at 9 a.m. was North on 31 days, North-East 60 days, East 7 days, South-East 24 days, South 22 days, South-West 82 days, West 56 days and North-West 83 days.

The amount of cloud at 9 a.m. was 6.8, 6.7 being the average; 10 representing overcast sky. Thunder and lightning occurred on 16 days.

There were 9 fogs, and it was misty on 19 other mornings.

METEOROLOGICAL NOTES, 1935.

Months.	Sunshine.		Rainfall.		Mean Temperature. In shade, 4ft. above ground.		Temperature Underground.			
	Sunshine.		Rainfall.		Mean Temperature.		Temperature Underground.			
	1935.	21 Year Average.	1935.	55 Year Average.	1935.	45-Year Average.	One Foot.	One Foot.	Four Feet.	21 Year Average.
January ...	Hrs. Mins. 50 36	Hrs. Mins. 51 18	Inches. 0.94	Inches. 2.59	°F. 38.8	°F. 38.6	°F. 41.7	°F. 39.7	°F. 46.1	°F. 43.9
February ...	54 54	71 30	5.48	2.28	41.5	39.2	41.2	39.3	43.7	42.7
March ...	127 6	124 42	0.37	2.28	42.2	42.1	42.5	41.8	43.9	43.2
April ...	131 0	140 42	3.02	2.05	47.1	46.5	47.5	46.7	46.9	46.5
May ...	183 6	208 30	1.66	1.94	50.6	52.9	53.3	54.1	51.3	50.7
June ...	222 54	212 6	2.25	1.94	60.8	57.9	61.8	60.2	56.4	56.0
July ...	277 30	212 18	0.72	2.29	64.7	61.6	67.0	63.4	62.9	59.4
August ...	208 0	195 12	4.68	2.41	62.1	60.9	64.3	62.8	63.4	60.7
September	159 42	155 42	4.36	2.28	57.9	57.1	59.8	58.8	60.9	59.5
October ...	109 48	110 12	4.11	3.59	49.5	50.2	52.1	52.7	55.9	56.1
November...	51 0	61 48	7.14	3.52	44.1	43.3	46.9	45.7	51.0	50.7
December	45 54	42 18	3.87	3.37	37.7	40.0	39.7	41.7	45.0	46.0
WHOLE YEAR	1621 30	1586 24	38.60	30.54	49.7	49.2	51.5	50.6	52.3	51.3

Social Conditions.

Tunbridge Wells is a residential town to which many persons retire from business or professional activities to spend the latter part of their lives ; it also serves as a residential town for London business men, for whom there is a good train service. The occupations of the inhabitants are governed by these conditions as there are no large factories. There are numerous garages and motor works, and amongst the other workers are painters, bricklayers, carpenters, gardeners, labourers, printers, bus drivers and conductors and hotel workers ; laundries and domestic service absorb a number of the female population. There are also many shop assistants of both sexes as Tunbridge Wells is a shopping centre for a considerable area. Some of the inhabitants are employed at a brickworks situated just outside the Borough boundary.

The extent of unemployment depends largely upon the activities of the building and transport trades. There was a slight decrease during 1935 ; the normal figure in winter is several hundred, and it was reduced by about fifty in January, 1936, as compared with January, 1935.

Recreations.

The large and breezy Commons in the centre of the town form a perpetual source of pleasure and of interest to visitors and inhabitants alike.

Numerous healthful recreations are provided ; in Calverley Park, situated in the centre of the town, the Corporation provides an attractive pleasure ground, in which tennis courts, a miniature golf course and a bowling green are all available, there is also a bandstand in which bands play during the summer season. In addition, there are seven other recreation grounds which are suitably equipped for tennis, bowls and with children's swings. There are two golf courses within the Borough boundary, *viz.* : the Culverden (18 holes) and the Spa (9 holes), and a third, Nevill Golf Course (18 holes), is situated within easy access just outside

the Borough boundary. There are ample facilities for football and cricket, county matches being played here during Cricket Week. Facilities for swimming are provided at the Indoor Baths and at the Open-Air Bath.

VITAL STATISTICS.

Births.—From figures supplied by the Registrar-General the total number of live births *registered* as properly belonging to Tunbridge Wells was 391 (188 males and 203 females). This corresponds to a rate of 11.0 per thousand of the population (11.7 on Registrar-General's estimate of population), as compared with 12.4 in 1934. Three male and 8 female children were born out of wedlock, giving an illegitimate rate of 2.8 per cent. as compared with 3.8 in 1934.

Fourteen still-births were registered, one of which was illegitimate.

The number of births *notified* during the year under the Notification of Births Acts as occurring in the Borough was 556, and consisted of 281 males and 275 females; of these, 10 males and 10 females were stillborn. The excess of notifications over registrations of births is largely accounted for by births in the Maternity Home, which caters for a wide district around Tunbridge Wells, as well as for the Borough itself.

Deaths.—556 deaths were registered in the Borough during 1935, and there were 150 outwardly transferable deaths and 105 inward transfers, thus making the total number of deaths belonging to the district 511. This gives a crude death rate of 14.3 per thousand (15.3 on Registrar-General's population estimate) as compared with 14.6 in 1934.

The Registrar-General has supplied the proper correction figure (0.73) as obtained from the 1931 Census returns, and the true or corrected death rate is seen to be 10.5 per thousand (11.1 on Registrar-General's estimate of population); this is a correction for age and sex distribution of the population. In the case of a health resort attractive to elderly persons

and to invalids, it is necessary that the *corrected* death rate should be used in making comparisons with the death rate in the country generally. The uncorrected rate in the case of a town in which so many old people reside naturally gives a false impression of the health value of the locality. The Table on page 19 compares the birth and death rates, etc., for England and Wales, and various groups of towns, Tunbridge Wells figures being inserted below. The Borough death rate, 10.5 compares favourably with 11.7, the figure for the Kingdom generally.

The proportion of deaths over 65 years of age was 63.6 per cent. of the total number (65.5 per cent. in 1934) : and under 45 years of age it was but 12.3 per cent. of the total (11.3 per cent. in 1934).

Table showing the average number of Deaths at several ages for consecutive periods of five years.

	1896 to 1900	1901 to 1905	1906 to 1910	1911 to 1915	1916 to 1920	1921 to 1925	1926 to 1930	1931 to 1935
Deaths at under 1 year ...	72	57	46	40	36	23	22	18
" 1 and under 2 } ...	25	29	23	16	{ 6	3	5	3
" 2 " 5 } ...	21	11	10	16	{ 9	5	5	4
" 5 " 15 ..	20	13	14	12	15	6	7	5
" 15 " 25 ...	121	141	141	145	21	10	10	7
" 25 " 45 } ...	107	104	118	119	{ 47	36	37	30
" 45 " 65 } ...	245	276	307	342	{ 107	104	118	119
" 65 and upwards ...	154	178	205	234	245	276	307	342

Table Showing Number of Deaths from Certain Causes.

Five-Yearly Period.				Cancer.	Tubercu- losis.		Infec- tious Diseases.	Vio- lence.	In- fluenza.
					Pul- mon- ary.	Non- Pul- mon- ary.			
1886 to	1890	...		139	201	69	98	45	*
1891 ..	1895	...		158	174	103	110	44	*
1896 ..	1900	...		170	131	91	179	62	84
1901 ..	1905	...		226	167	61	104	45	67
1906 ..	1910	...		251	154	48	90	35	87
1911 ..	1915	...		260	133	46	110	49	60
1916 ..	1920	...		310	150	62	59	50	178
1921 ..	1925	...		328	111	32	27	65	64
1926 ..	1930	...		384	106	21	30	59	91
1931 ..	1935	...		383	65	20	15	57	52

* Reliable figures not available.

CAUSES OF, AND AGES AT DEATH DURING THE YEAR 1935.

CAUSES OF DEATH.					Nett Deaths at the subjoined ages of " Residents " whether occurring within or without the district.										Total Deaths whether of Residents or Non-Residents in Institutions in the Borough.		
					All Ages	under 1 year	1 and under 2 years	2 and under 5 years	5 and under 10 years	10 and under 15 years	15 and under 20 years	20 and under 35 years	35 and under 45 years	45 and under 65 years		65 and under 75 years	75 years and upwards
All Causes	{ Certified ...	{ Uncertified ...	...	...	509	13	2	5	2	—	1	22	17	123	128	196	238
					2	1	—	—	—	—	—	—	—	—	—	1	
Typhoid and Paratyphoid Fevers	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	...	...	...	...	2	—	2	—	—	—	—	—	—	—	—	—	2
Diphtheria	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenza	...	...	...	...	3	—	—	—	—	—	1	—	—	—	—	2	—
Encephalitis lethargica	...	...	...	...	1	—	—	—	—	—	—	1	—	—	—	—	1
Cerebro-spinal Fever	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system	...	...	...	...	12	—	—	—	—	—	3	1	7	1	—	—	1
Other tuberculous diseases	...	...	...	...	5	—	—	1	1	—	1	—	2	—	—	—	7
Syphilis	...	...	...	...	2	—	—	—	—	—	—	1	1	—	—	—	1
General paralysis of the insane, tabes dorsalis	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer, malignant disease	...	...	...	...	86	—	—	—	—	—	—	4	32	26	24	24	47
Diabetes	...	...	...	...	7	—	—	—	—	—	—	—	—	1	6	6	3
Cerebral haemorrhage, etc.	...	...	...	...	31	—	—	—	—	—	2	—	6	9	14	14	5
Heart disease	...	...	...	...	136	—	—	—	—	—	1	—	27	46	62	62	11
Aneurysm	...	...	...	...	1	—	—	—	—	—	—	1	—	—	—	—	1
Other circulatory diseases	...	...	...	...	59	—	—	—	—	—	—	—	11	15	33	33	10
Bronchitis	...	...	...	...	17	—	—	—	—	—	—	—	3	6	8	8	1
Pneumonia (all forms)	...	...	...	...	37	2	—	3	1	—	—	1	2	6	5	17	24
Other respiratory diseases	...	...	...	...	5	—	—	—	—	—	2	—	1	—	—	2	4
Peptic ulcer	...	...	...	...	2	—	—	—	—	—	—	—	1	1	—	—	7
Diarrhoea, etc. (under 2 years)	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Appendicitis	...	...	...	...	4	—	—	—	—	—	—	—	3	1	—	—	9
Cirrhosis of liver	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	3
Other diseases of liver, etc.	...	...	...	...	2	—	—	—	—	—	—	—	2	—	—	—	5
Other digestive diseases	...	...	...	...	9	—	—	—	—	—	2	—	2	2	3	3	17
Acute and chronic nephritis	...	...	...	...	17	—	—	—	—	—	1	1	3	5	7	7	12
Puerperal sepsis	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	1
Other puerperal causes	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital debility, premature birth, mal- formations, etc.	...	...	...	...	11	10	—	—	—	1	—	—	—	—	—	—	13
Senility	...	...	...	...	10	—	—	—	—	—	—	—	—	—	10	10	—
Suicide	...	...	...	...	10	—	—	—	—	—	2	1	7	—	—	—	—
Other violence	...	...	...	...	8	—	—	1	—	—	1	1	1	1	3	3	17
Other defined diseases	...	...	...	...	34	—	—	—	—	—	5	4	8	9	6	6	34
Causes ill-defined or unknown	...	...	...	...	—	2	—	—	—	—	—	—	—	—	—	—	2

Infectious Diseases.—Fifty-four cases of Scarlet Fever and 9 cases of Diphtheria were notified. The incidence of Scarlet Fever was slight, and not confined to any one time of year. Diphtheria was hardly in evidence at all, and caused no deaths. Of the minor infectious diseases, Mumps prevailed in March and April ; Chicken-pox early in the year. Other infectious diseases were few in number, but Whooping-cough caused two deaths.

Further details relating to infectious diseases will be found on pages 55 to 63.

Infant Mortality.—Fourteen deaths of infants under one year of age, being 35.8 per thousand live births, as compared with 36.1 per thousand in 1934—this compares favourably with that of 57 per thousand for England and Wales. The average Infant Mortality Rate in Tunbridge Wells during the previous ten years was 47.5 per thousand.

As will be seen in the Table on page 18, nine of the 14 deaths occurred during the first four weeks of life, and all were under six months of age.

The still-births numbered 14, as compared with 13 in 1934.

These infant deaths were mostly due to causes operating during the period of expectant motherhood, a period to which increasing attention is being given in the hope of lessening both ill-health and fatalities. The chief means to which improvement in health during the first year of life may be attributed, in my opinion, are as follows :—

- (a) Education of the mothers. (This includes the whole of the facilities provided by the Local Authority's Child Welfare Centres).
- (b) The use of dried milks during the warm months of the year, as well as the employment of greater care in handling and storing liquid milk.
- (c) Better provision against under-nourishment in periods of unemployment.

- (d) Better housing conditions, and
 (e) Greater facilities for immediate assistance in cases of illness.

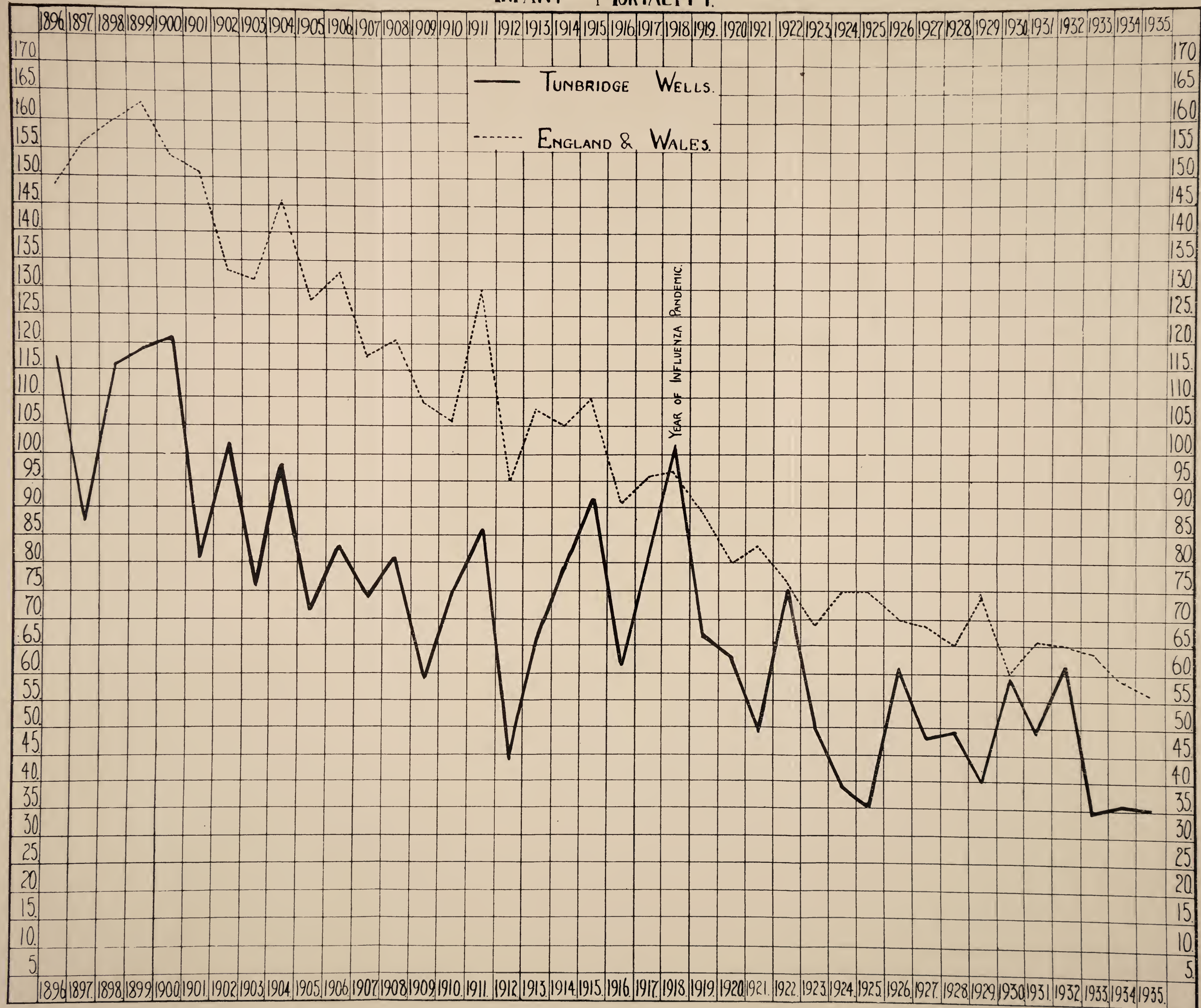
The appended chart shows in graphic method the relative infant mortality in England and Wales and in Tunbridge Wells during the years 1896 to 1935 inclusive.

INFANT MORTALITY, 1935.

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year.
All causes { Certified Uncertified	7 1	0 —	0 —	1 —	8 1	1 —	4 —	— —	— —	13 1
{ Small-pox	—	—	—	—	—	—	—	—	—	—
{ Chicken-pox	—	—	—	—	—	—	—	—	—	—
{ Measles	—	—	—	—	—	—	—	—	—	—
{ Scarlet Fever	—	—	—	—	—	—	—	—	—	—
{ Diphtheria and Croup... ..	—	—	—	—	—	—	—	—	—	—
{ Whooping-cough	—	—	—	—	—	—	—	—	—	—
{ Diarrhoea	—	—	—	—	—	—	—	—	—	—
{ Enteritis	—	—	—	—	—	—	—	—	—	—
{ Tuberculous Meningitis	—	—	—	—	—	—	—	—	—	—
{ Abdominal Tubercu- losis	—	—	—	—	—	—	—	—	—	—
{ Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
{ Congenital Malforma- tions	2	—	—	—	2	—	—	—	—	2
{ Premature Birth	4	—	—	1	5	—	—	—	—	5
{ Atrophy, Debility and Marasmus	—	—	—	—	—	—	2	—	—	2
{ Atelectasis	—	—	—	—	—	—	—	—	—	—
{ Injury at Birth	1	—	—	—	1	—	—	—	—	1
{ Erysipelas	—	—	—	—	—	—	—	—	—	—
{ Syphilis	—	—	—	—	—	—	—	—	—	—
{ Rickets	—	—	—	—	—	—	—	—	—	—
{ Meningitis (not Tuber- culous)	—	—	—	—	—	—	—	—	—	—
{ Convulsions	—	—	—	—	—	—	—	—	—	—
{ Gastritis	—	—	—	—	—	—	—	—	—	—
{ Laryngitis	—	—	—	—	—	—	—	—	—	—
{ Bronchitis	—	—	—	—	—	—	—	—	—	—
{ Pneumonia (all forms)	—	—	—	—	—	1	1	—	—	2
{ Suffocation (overlying)	—	—	—	—	—	—	—	—	—	—
{ Other causes	1	—	—	—	1	—	1	—	—	2

INFANT MORTALITY.



Birth-rate, Death-rate, and Analysis of Mortality during the Year 1935.

	RATE PER 1,000 TOTAL POPULATION		ANNUAL DEATH-RATE PER 1,000 POPULATION.									RATE PER 1,000 LIVE BIRTHS.	
	Live Births	Still- Births	All Causes.	Enteric Fever	Small- pox	Measles	Scarlet Fever	Whooping- cough	Diphtheria	Influenza	Violence	Diarrhoea and En- teritis (un- der 2 yrs.)	Total Deaths under 1 year
England and Wales ...	14.7	0.62	11.7	0.00	0.00	0.03	0.01	0.04	0.08	0.18	0.52	5.7	57
121 County Boroughs and Great Towns, including London ...	14.8	0.68	11.8	0.00	0.00	0.04	0.01	0.04	0.09	0.16	0.45	7.9	62
140 Smaller Towns (Resident Population 25,000 to 50,000 at Census, 1931)...	14.8	0.64	11.2	0.00	0.00	0.03	0.01	0.03	0.07	0.17	0.41	3.8	55
London ...	13.3	0.52	11.4	0.00	0.00	0.00	0.01	0.04	0.06	0.11	0.51	11.2	58
TUNBRIDGE WELLS	11.0 (11.7)	0.39 (0.42)	10.5 (11.1)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	0.06 (0.06)	0.00 (0.00)	0.08 (0.08)	0.22 (0.24)	0.0	36

NOTE.—Figures in brackets indicate percentages calculated on Registrar-General's estimate of population.

The maternal mortality rates are as follows :	{	per 1,000	{	England and Wales	...	...	...	...	Puerperal Sepsis.	Others.	Total.
		Live Births	{	Tunbridge Wells	...	...	...	...	1.68 0.00	2.42 0.00	4.10 0.00
	{	per 1,000	{	England and Wales	...	...	...	...	1.61 0.00	2.32 0.00	3.93 0.00
		Total Births	{	Tunbridge Wells	...	...	...	...

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Public Health Staff.

A list of the Staff of the Public Health Department is given at the beginning of this Report.

On 18th April, 1935, Dr. W. D. T. Brunyate terminated his appointment as Assistant Medical Officer of Health, leaving to take up an appointment with the Isle of Ely County Council. He was succeeded by Dr. D. D. Payne, who commenced duty on the 23rd April, 1935.

Further staff changes were as follows :—

Mr. E. J. Wells retired on the 18th January, 1935 : Mr. E. J. A. Bettle was promoted to the vacant position of District Sanitary Inspector and Mr. H. J. Bellamy was appointed Assistant Sanitary Inspector on the 21st January, 1935. Mr. Bettle obtained another appointment on the 22nd April, and Mr. Bellamy was then promoted to replace him. Mr. R. R. Creasey commenced duty as Assistant Sanitary Inspector on the 27th May, 1935.

Mr. T. Neville Strange, L.D.S., R.C.S. Eng. was appointed Dental Surgeon on the 3rd May, in place of Mr. T. F. Fox, L.D.S., R.C.S. Eng., who resigned on the 1st May.

All four of the Nursing Staff act one-fifth of their time as Health Visitors.

Contributions are received :—

- (a) Under the Local Government Act, 1933, from the Exchequer towards the salaries of the Medical Officer of Health and three of the Sanitary Inspectors.
- (b) By Exchequer grants from the Board of Education

towards the salaries of the School Medical Officer, Assistant School Medical Officer, Ophthalmic Surgeon, Aural Surgeon, Orthopaedic Surgeon, Dental Surgeon, School Nurses, Dental Attendant and the three Clerks of the Health Offices.

- (c) By a block grant from the Exchequer towards the Maternity and Child Welfare Services, including the salaries of the Medical Officer and the Child Welfare Nurses.

Laboratory Facilities.

The number of specimens examined in the Borough Laboratory, which is situated at the Public Health Offices, was 371 in 1935, as compared with 1,550 during the previous year. The majority of the specimens examined are tested for Diphtheria, and in the absence of this disease there was a marked drop in Laboratory tests.

The nature of these examinations is set out in the following table :—

Specimens examined for the presence of Diphtheria Bacillus :—

	<i>Positive.</i>	<i>Negative.</i>	
(a) From Fever Hospital			
cases	19	66	
(b) From outside sources	15	263	
	<hr/>		363
Hairs examined for the presence of Ringworm ...			5
Other specimens examined			3
	<hr/>		
Total			371
	<hr/>		<hr/>

The collection of blood, preparation and sterilization of culture media, and disinfection of laboratory apparatus, continues to be done by Mr. Mail, the Caretaker of the Public Health Offices.

In addition to the above, 80 specimens were forwarded to the County Laboratory at Sessions House, Maidstone, for examination. The details are as follows :—

	<i>Positive.</i>	<i>Negative.</i>
65 Sputum examinations for Tubercle Bacilli	11	54
1 Urine examination for Tuber- cle Bacilli	—	1
6 Blood examinations for Ty- phoid or Para-Typhoid ...	—	6
1 Swab examination for Diph- theria Bacillus	—	1
1 Cerebro-spinal fluid examina- tion for Diplococcus Intracel- lularis Meningitides	—	1
6 Tests of cultures of B. Diph- theriae for virulence ...	2	4
	—	—
Total	13	67
	==	==

Chemical analyses of specimens of water, milk, and other forms of food and drugs, are carried out by the Public Analyst, Mr. A. H. Mitchell Muter, of the South London Laboratories. The work done is reviewed under the Food and Drugs Acts, on page 53.

When it is necessary to have special bacteriological analyses made, the specimens are usually sent to the Clinical Research Association for report.

Ambulance Facilities.

(a) **For Infectious Cases.**—In March, 1935, owing to the worn-out condition of the old Talbot ambulance, a new Bedford ambulance was obtained for use in connection with the Fever Hospital. The modern conveniences and better springing of this vehicle have proved of great service to the patients and staff who travel in it.

(b) **For Non-infectious and Accident Cases.**—The Borough Police Force has a motor ambulance which proves of great service for cases of this type. In addition, the St. John Ambulance Brigade has three ambulances which can be hired for removal of sick persons, etc.

(c) **Maternity Patients.**—The St. John Ambulance Brigade, which has a most efficient and active local branch, also provides facilities for removal of maternity cases.

Nursing in the Home.

(a) **General.**—The Tunbridge Wells District Nursing Association, which is affiliated to the Queen's Jubilee Nursing Association, and supported by voluntary contributions, undertakes home nursing when required. This Association has a staff of seven nurses, one of whom is resident in the outlying parish of Rusthall.

During the period 1st April, 1935, to 31st December, 1935, 153 midwifery and maternity and 383 new general cases were undertaken. The number of visits paid was 18,270—14,886 being general, 2,384 maternity and midwifery, 762 ante-natal and 238 casual.

(b) **For Infectious Diseases.**—So far as the Borough Council is concerned, an arrangement is made whereby the services of a District Nurse can be obtained for attending in the homes of cases of ophthalmia neonatorum, measles, whooping-cough with broncho-pneumonia, where, in the opinion of the Medical Officer of Health, the home conditions require such services. The nurse acts under the direction of the Medical Attendant, a fee being paid to the Association for her services. No calls were made during 1935, a year singularly free from infectious disease.

(c) **Midwives.**—In May, 1928, one of the midwives belonging to the Tunbridge Wells District Nursing Association took up residence as a nurse-midwife in Rusthall, a subsidy

being paid by the Borough Council in order that this outlying district might be supplied with a skilled midwife whose services would be more quickly available than in the past. This subsidy, which is payable for midwifery services only, was stabilised at £30 per annum in 1934.

The control of midwives in the Borough is vested in the Kent County Council ; the Child Welfare work, Ante-Natal work and supervision of Nursing Homes are duties of the Borough Council.

The number of midwives who notified their intention to practise in the Tunbridge Wells area during the year was stated by the Kent County Council to be 12 ; at the end of the year, 10 names were supplied as practising. Notifications of births were received from 14 practising midwives, amongst whom were 10 on the list of the Kent County Council.

Clinics and Treatment Centres.

Maternity and Child Welfare Centres.—The Chief Maternity and Child Welfare Centre is situated at 8, Calverley Terrace, and is provided by the Tunbridge Wells Borough Council. It is thus next door to the Health Offices and School Medical Centre, which occupy Nos. 9 and 10.

There is also a branch Centre at Rusthall, where meetings are held at the Congregational Church Hall.

Further details concerning these Infant Welfare Centres will be found on page 31.

Day Nurseries.—There are none in Tunbridge Wells.

School Clinic.—The School Clinic is at the Public Health Offices, 9 and 10, Calverley Terrace. The premises, which consist of four rooms and a dark room, provided by the Borough Education Committee, are well lighted and ventilated and suit their purpose admirably. The Clinic is open each

week-day, and in addition to medical inspection and advice, treatment of defects of the eyes, ears and teeth and of minor ailments and skin diseases is undertaken. There were 10,057 attendances in 1935, a record number.

Tuberculosis Dispensary.—The Kent County Council has a branch Dispensary for tuberculous cases at 34, Calverley Street. Clinics are held each Monday, from 5 to 5.45 p.m., and on Thursdays, from 1.30 to 3 p.m.

The attendances at this Dispensary during 1935 were as follows :—

Insured.		Uninsured.	
Male.	Female.	Male.	Female.
174	78	533	796

Treatment Centre for Venereal Diseases.—Venereal Diseases are treated at the Kent and Sussex Hospital, Tunbridge Wells, the arrangements being under the control of the Kent County Council. Towards the end of the year, an alteration was made in the consultation days, and these are now as follows :—

Females—Wednesdays, 3.30—5.0 p.m.

Males— „ 5.15—6.45 p.m.

Tunbridge Wells and District Public Dental Service.—This is an association of legally qualified dental practitioners. Persons who are unable to afford large fees are treated here for small sums. The number of new patients attending in 1935 was 139, and the total number of attendances 1,112.

Public and Voluntary Hospitals.

Borough Fever Hospital.—The Borough has its own Fever Hospital, situated on its southern boundary, 450 feet above

sea level. The site is an excellent one, airy and open, with a southern exposure and wide view over valleys and woodland. The present accommodation available for patients, allowing 12 feet of wall space and 144 square feet for each adult, is as follows :—

- (a) Scarlet Fever Block.—This has accommodation for 22 patients—10 in each of two large wards and one in each of two small wards upstairs.
- (b) An extension of the Diphtheria Block to enable it to take 12 adult patients instead of 4 as hitherto, was begun in 1935. Early in 1936, the New Ward was formally opened by His Worship the Mayor of Tunbridge Wells, in the presence of the Mayoress and a considerable gathering of ladies and gentlemen. The New Ward, with its modern furniture and equipment, heating and ventilation render the nursing of patients much easier than formerly.
- (c) A wood-built block, known as “ B ” Block, accommodates 5 patients.
- (d) A Discharge Block containing five rooms, each capable of accommodating one person. This block is so inconvenient for nursing, and has so many different exits and entrances, that it has not been used for accommodating patients for some years, but has acted as a dormitory for the night nursing staff for whom there is insufficient accommodation in the Administrative Block.

The wards are heated by electricity, and coke stoves giving hot water for baths, etc., are installed in each block. There is electric lighting throughout.

Recent Improvements.—In 1930 the laundry was fitted with an electrically driven washing machine and the larder equipped with an electric refrigerator. In 1931, the drainage system was modernised by the construction of a settling tank and filter bed with mechanical sprinkling arm. In 1933, a

sitting-room for the use of the nursing staff was added to the Administrative Block, and an automatic electric heater for baths installed, whilst early in 1934 an electrically-driven wringer was installed in the laundry.

Further Needs: (a) Accommodation for the whole of the staff in the Administrative Block.

(b) The replacement of the old wooden Discharge Block by a modern Cubicle Block, with at least half-a-dozen cubicles suitable for dealing with doubtful cases, those with double infections, or isolated cases of one disease.

The Hospital has a large garden which supplies vegetables for most of the year for the patients and staff, also a fairly large amount of fruit in summer time, thus saving expense in catering; its flowers form one of the amenities of convalescence in the summer months.

Patients are taken from Tunbridge Wells, and also from the adjacent northern portion of the Battle Rural District of East Sussex. There is also an agreement with the neighbouring Southborough Urban District Council to take cases of the enteric group of diseases; this may be extended to other types of infections shortly.

Smallpox Hospital.—The Conjoint Smallpox Hospital is situated at Capel, some four and a half miles from Tunbridge Wells. It has accommodation for 18 adult patients, and is under the administration of a Board representing Tunbridge Wells, Tonbridge and Southborough Urban Districts, and the Tonbridge Rural District. The situation of this Hospital is an excellent one for the purpose, being well away from human habitation in the midst of open and high lying country. A caretaker and his wife live in the house on the premises, and are responsible for keeping the Hospital in good order and ready for use in case it should be required. Sentry stoves are installed in both blocks, thus providing hot water for

baths, etc., whenever required, and in 1931 electric lighting was installed throughout.

Additional accommodation for staff is required, and plans have been submitted for this purpose.

Under the provisions of the Local Government Act, 1929, steps have been taken to arrange for this Hospital to serve a much wider area of South-West Kent than hitherto. The arrangements have been settled, and the new areas will have a population within the proportion of beds usually deemed sufficient, *viz.*, one bed to ten thousand of population.

Apart from making good the accommodation for staff, the increased area and population to be served does not in itself involve radical change: the drainage is in need of modernisation and plans for putting this work in hand have been approved.

The Kent and Sussex Hospital.—This Hospital, which embodies what was formerly known as the Tunbridge Wells and District General Hospital, and the Tunbridge Wells Eye and Ear Hospital, admitted patients for the first time in August, 1934. It contains 204 beds, including 18 for paying patients, and special departments equipped with the latest appliances for medical and surgical treatment, also ear, nose and throat, ophthalmic, X-ray and electrical, gynaecological, orthopaedic, pathological, massage and remedial treatment, with various clinics. Adjoining the Hospital is the Nurses' Home with accommodation for over 100 nurses and domestic staff.

Its fine new premises embody the most modern ideas of hospital construction.

During 1935, the number of in-patients treated was 3,218; out-patients numbered 9,797 making 78,988 attendances.

Children, for whom remedial exercises were recommended

by the Orthopaedic Surgeon, continued to attend the New Hospital for treatment, and payment was made by the Corporation for such treatment. In addition, operations upon elementary school children for the removal of tonsils and adenoids have been carried out by the Specialist Aural Surgeon at this Hospital.

The Homœopathic Hospital is a comfortable, airy, and well-lighted building, with a sunshine balcony looking on to the Common. In 1935, 253 in-patients were admitted as compared with 230 in 1934; 131 theatre operations were performed. Two thousand, nine hundred and eighty-five attendances were made at the out-patients' department excluding dental cases, of which 406 were treated.

Payment is also made to this Hospital by the Education Committee in respect of operations upon elementary school children for the removal of tonsils and adenoids, which are carried out by a visiting Aural Surgeon.

Other Forms of Medical Relief.

Tunbridge Wells and District Maternity Home.—Two hundred and sixty-four confinements took place in this Home during 1935, as compared with 263 in 1934. Of these mothers, 122 were residents of Tunbridge Wells. They represented 31.7 per cent. of the total Tunbridge Wells mothers for the year, as compared with 25.5 per cent. born in the Home during 1934.

During 1935, payment was made by the Corporation, under the terms of the agreement with the Committee of the Home, in one instance where the home conditions were unsuitable for the confinement; this was in addition to a special subsidy of £50 per annum contributed towards the cost of upkeep.

Co-ordination and co-operation have been fully maintained in connection with the excellent work done in the

Maternity Home by the appointment of the Borough Medical Officer of Health to serve on the Committee of Management, and also to act as Honorary Administrative Medical Officer to the Home.

The Invalid Children's Aid Association.—This Association keeps in close touch with the School Medical and Child Welfare Services. No week passes without some interchange of notes, or interview with its secretarial staff, and the Presidency of the Branch has been held for a number of years by the Borough Medical Officer of Health—an honour much esteemed.

Fifty-five children in need of treatment were sent through its good offices to convalescent homes, 18 children were given additional nourishment and Hospital or Surgical Aid Letters were provided in 28 instances. Two hundred and five cases in all received assistance, at a cost of £191.

Members of the School Nursing and Child Welfare Staff of Nurses have been appointed honorary members of the Committee of the Invalid Children's Aid Association ; they may thus attend to bring to the Association's notice any cases requiring assistance.

The Local Branch of the **Royal Surgical Aid Society** has reached the forty-second year of its activities. In 1935, 658 appliances were supplied at a cost of £1,572 13s. 6d. Spectacles continue to be provided for school children in suitable instances, on production of the Society's Letters initialled by the School Medical Officer. Thus abuse of charities is avoided, while those in need are assisted.

The Provident Dispensary, 106, Upper Grosvenor Road. The number of members of this institution for the year 1935 was as follows :—Above the age of 16 years, 481 ; under the age of 16 years, 187 ; total, 668.

Tunbridge Wells Council of Service.—During the twelve months ended March 31st, 1936, this Society assisted 150

cases, the sum of £439 13s. 7d. being distributed in pensions, grants and other forms of assistance.

This Society has taken over the work of the Central Aid Society.

Homes, etc., in Tunbridge Wells.—There is a branch of Dr. Barnardo's Home in Park Road, Hurstleigh Holiday Home in Bishops Down, and a Convalescent Home at Hawkenbury, in which a residential open-air school for children has been established. These institutions deal almost entirely with children from London, though "Hurstleigh" has proved useful in taking local children on several occasions when a request has been made.

There is also St. Christopher's Nursery College, which has developed into a modern training centre for children's nurses. It has a special branch of training in which the nurses receive instruction in the method of dealing with difficult children, of whom a small number live in cottages in the extensive grounds of the College, under the care of the nurses. The visiting medical staff includes specialists in medical psychology.

PUBLIC ASSISTANCE.

The amount of Poor Law Relief given by the Public Assistance Committee in Tunbridge Wells for the year ended 31st March, 1936, totalled £8,767 14s. 4d., as compared with £8,364 13s. 6d. during the previous year.

MATERNITY AND CHILD WELFARE SERVICES.

The Council has made the following arrangements for administering the provisions of the Maternity and Child Welfare Acts in the Borough :—

Infant Welfare Centres.—It maintains a Centre at 8, Calverley Terrace, which is open each week-day from 9.15 to 10 a.m. ; in it Clinics are held each Tuesday and Thursday. There is also a branch Centre at Rusthall, meeting each

Wednesday in the hall and rooms adjoining the Congregational Church in Rusthall High Street. The yard has been rendered watertight and a covered-way made from the waiting room to the consulting and weighing rooms. It is hoped that a Centre more fully equipped and adapted to use as a Child Welfare Centre may be erected at some not too distant date.

Miss Rice Oxley devotes four-fifths of her time to Child Welfare duties, Miss Donaldson two-fifths, and Miss Bucknell two-fifths. Many voluntary helpers assist on consultation days at the Centres ; in Rusthall, these voluntary helpers are members of the St. John Ambulance Brigade ; at the main Centre, there are members of the St. John Ambulance Brigade and others.

The total number of attendances at the Centres during 1935 was 8,787, as compared with 9,636 in 1934, 10,311 in 1933 and 9,280 in 1932. The Table on the following page analyses the attendances, etc.

The number of individual infants under 1 year attending the Centres during the year was 272 (288 in 1934) and the individual children 1-5 years numbered 343 (278 in 1934).

Four thousand, three hundred and sixty-seven weighings were carried out, as compared with 4,847 during the previous year.

During the year, 194 infants under 1 year attended the Centres for the first time, being 50 per cent. of the live births (compared with 197 and 44 per cent. in 1934) ; 89 children aged 1-5 years (66 previous year) attended for the first time.

Ante- and Post-Natal Clinic.—This Clinic is held at 8, Calverley Terrace, and Dr. Margaret Emslie attends twice each month for consultations.

The undermentioned Table gives details relating to expectant mothers attending the Clinic :—

	Tunbridge Wells— Tuesday Clinic.		Rusthall— Wednesday Clinic.		Tunbridge Wells— Thursday Clinic.		Totals.	
	1935. (53 sessions).	1934. (51 sessions).	1935. (51 sessions).	1934. (51 sessions).	1935. (51 sessions).	1934 (52 sessions).	1935.	1934.
Number of attendances of Infants under 1 year	347 (7)	448 (9)	454 (9)	607 (12)	1214 (24)	1496 (29)	2015	2551
Number of attendances of Children 1-5 years	374 (7)	404 (8)	1023 (20)	798 (16)	1403 (27)	1452 (28)	2800	2654
Number of attendances of Mothers (excluding those at Ante-Natal Clinic)	710 (13)	826 (16)	1070 (21)	1067 (21)	2192 (43)	2538 (49)	3972	4431
Total Attendances	1431 (27)	1678 (33)	2547 (50)	2472 (49)	4809 (94)	5486 (106)	8787	9636
CONSULTATIONS WITH MEDICAL OFFICER :—								
Infants	17	2	270	351	668	790	955	1143
Children	6	1	523	381	622	612	1151	994
Totals	23	3	793	732	1290	1402	2106	2137

NOTE : Figures in brackets indicate the approximate average attendances.

	BOROUGH RESIDENTS.			OUTSIDE CASES.		
	Primips.	Multips.	Total.	Primips.	Multips.	Total.
Individual expectant mothers ...	50 (50)	80 (92)	130 (142)	2 (6)	2 (2)	4 (8)
Consultations ...	129 (102)	195 (248)	324 (350)	9 (10)	3 (4)	12 (14)

NOTE.—Figures in brackets indicate similar figures for 1934.

The number of Tunbridge Wells ante-natal cases attending represents 34 per cent. of the total number of births, as compared with 35 per cent. in 1934.

In addition to the above, 28 Tunbridge Wells mothers made 40 attendances for post-natal examinations, as compared with 26 cases and 46 attendances during the previous year : also 2 “ outside ” cases had 7 consultations (none in 1934).

Orthopaedic Treatment.—Dr. P. L. Richardson is employed to see any orthopaedic cases referred to him from the Child Welfare Centres, and arrangements have been made with the Kent and Sussex Hospital whereby treatment is obtained for such cases under his direction, and payment is made to the Hospital for such treatment.

During the year, four children under school age were seen by Dr. Richardson, and five consultations were held. Of these, 3 were new cases suffering from the following defects :—

Slight Genu Valgum ...	...	...	1
Flat feet ...	...	...	1
Miscellaneous ...	...	...	1

Only one case was recommended treatment, and she made 7 attendances at the Kent and Sussex Hospital for remedial exercises.

Dental Treatment.—Mr. T. Neville Strange, L.D.S., R.C.S. (Eng.), School Dental Surgeon, sees children under school age and expectant and nursing mothers at the School Clinic, there being one treatment clinic each month. The children are referred to him by the Medical Officer of Health or his Assistant from the Infant Welfare Centres, and the mothers are chiefly referred by Dr. Emslie from the Ante-Natal Clinic.

Forty individual children made 64 attendances, and 34 mothers made 67 attendances to see the Dental Surgeon. The following is a summary of the treatment given :—

Teeth extracted.		Teeth filled.		Other operations.		Administrations of Gas.
Perm.	Temp.	Perm.	Temp.	Perm.	Temp.	
122	132	20	12	5	2	34

Health Visiting.—The following home visits were paid by the Nursing Staff during the year :—

(a)	To expectant mothers	... ..	First visits	242
			Total visits	661
(b)	To children under 1 year of age	... ..	First visits	330
			Total visits	2,086
(c)	To children between the ages of 1 and 5 years	... ..	Total visits	3,352
(d)	Where infants have died	... ..	Total visits	11
(e)	Found no one at home	... ..	... ..	905

Home visiting by the Nursing Staff is a factor of prime importance in maintaining a high standard of health in the Borough.

Infant Life Protection.—The functions of the late Board of Guardians under Part I. of the Children Act, 1908, which provides for the supervision of children under the age of seven

years, the maintenance of whom is undertaken for reward apart from their parents, were transferred to the Borough Council on the 1st April, 1930. On January 1st, 1933, the Children and Young Persons Act, 1932, came into force. Under this Act the age was extended to nine years, and wider powers devolved upon the Local Authority.

On December 31st, 1935, there were within the Borough 75 children under the care of 29 registered foster-mothers, as compared with 88 children boarded-out with 28 foster-mothers at the end of the previous year. (*Note* : In both instances these figures include St. Christopher's Nursery College, which usually has between 30 and 40 children in residence.)

Three hundred and fifty-eight visits of inspection were paid during the year.

In four instances failure to notify the reception or leaving of a child under the provisions of the Children Acts were reported to the Maternity and Child Welfare Committee, and in each case a warning was given to the foster-mother.

Assistance in Necessitous Cases.—A Sub-Committee of the Maternity and Child Welfare Committee met on 30 occasions in order to deal with applications for assistance under the Maternity and Child Welfare Act. Eighty-six individual families (77 in 1934) received assistance, of which 67 were supplied with 8,031 pints of fresh milk free of cost. In addition, 18 lbs. dried milk were sold at half price, and 60 lbs. dried milk, 124 lbs. Cod Liver Oil and Malt, 36 tins Ovaltine, 51 cartons Virol, 30 cartons Bemax and some Paraffin, Cod Liver Oil, Marmite, etc., to the value of £13 5s. 4d. were issued free of cost.

Food and drugs to the value of £92 1s. 0d. were sold at cost price.

The Medical Staff also issued 181 certificates to families for milk to be supplied through the Public Assistance Committee.

The Corporation gave direct assistance with Maternity Home fees in one instance where the home conditions were unsatisfactory for the confinement: this was in addition to the annual subsidy of £50 paid towards the upkeep of the Maternity Home.

Institutional Provision for Mothers or Children.—The treatment of maternity cases is undertaken by agreement with the Tunbridge Wells and District Maternity Home, to which adequate reference is made on page 29.

No children's hospital is provided or subsidised by the Local Authority. Children are treated in the Kent and Sussex Hospital, the Homœopathic Hospital and in the Pembury Hospital. Fees were paid by the Corporation to the Kent and Sussex Hospital for massage, remedial exercises, etc., and X-ray examinations in cases referred by the Corporation's Medical Staff. Payment was also made by the Education Committee to both the Kent and Sussex Hospital and to the Homœopathic Hospital for the removal of tonsils and adenoids in elementary school children.

No special institutional provision is made for unmarried mothers, illegitimate infants or homeless children. The Public Assistance Committee makes provision for such cases either in Pembury Hospital, which is now equipped with a modern Maternity Block, or in other institutions in the County, according to the nature of the case.

MATERNITY AND NURSING HOMES REGISTRATION ACT, 1927.

The following action was taken during the year under the Nursing Homes Registration Act, 1927 :—

	Maternity Homes.	Other Nursing Homes.
Number of applications for registration	—	1*
Number of Homes registered	—	—
Number of Orders made refusing or can- celling registration	—	—
Number of Appeals against such Orders...	—	—
Number of cases in which such Orders have been—		
(a) Confirmed on appeal	—	—
(b) Disallowed	—	—
Number of applications for exemption from registration	1	2
Number of cases in which exemption has been—		
(a) Granted	1	2
(b) Withdrawn	—	—
(c) Refused	—	—

* This application was received at the end of 1935, and was granted in 1936.

On December 31st, 1935, there were twelve homes registered as compared with eleven at the end of 1934. All were visited and fully inspected during the year ; the inspections are carried out by the Medical Officer of Health, who also supervises the adaptation of fresh premises for nursing home purposes, paying as many visits as occasion requires.

LEGISLATION IN FORCE.

The Tunbridge Wells Improvement Act of 1890, to which Royal Assent was given on 14th August, 1890, is in force. Parts 2, 3, 4, 6, 7 and 12 relate to Public Health, dealing with water supply, sanitary provision of buildings and streets, common lodging houses, infectious diseases, slaughter-houses and public baths.

The Tunbridge Wells Corporation Act, 1929, received the Royal Assent on 10th May, 1929.

The Public Health Acts Amendment Act, 1907.—The following Sections have been adopted, and are in force in the Borough :—

Part	I.	Sections 1-14.
„	II.	„ 17, 21-24, 26-30, 32 and 33.
„	III.	„ 34-42, 45, 47-51.

Part IV.	„	52-66, 68.
„ V.	„	69-75.
„ VI.	„	76 and 77.
„ VII.	„	80, 81, 83, 85 and 86.
„ VIII.	„	87-90.
„ IX.	„	91.
„ X.	„	93 and 95.

The following parts of the **Public Health Act, 1925**, have been adopted :—Parts II., III., IV., and V. (with the exception of Sections 14, 29, 34 and 35).

Bye-Laws relating to **Slaughter-houses** came into force in the Borough in March, 1925. Under these, use of the humane killer for slaughtering all animals is obligatory.

A Bye-Law relating to the **Fouling of Footways by Dogs**, which came into force for one year from 1st August, 1927, was made permanent as from 1st August, 1928.

Bye-Laws relating to **Nuisances** were adopted on the 5th March, and sanctioned by the Minister of Health on the 19th May, 1930.

Bye-Laws relating to **Common Lodging Houses**.—These were adopted by the Council on the 2nd July, 1930, and sanctioned by the Minister of Health on the 5th September, 1930.

The Bye-Laws with respect to **Nursing Homes** were sanctioned by the Minister of Health on 10th September, 1929.

In December, 1928, the Town Council passed a resolution deciding to prepare a Town Planning Scheme. The Minister of Health has since notified his approval of this resolution. On the 30th July, 1930, a preliminary statement of proposals for development was prepared and adopted by the Town

Council. A Local Inquiry into the proposals contained in the Preliminary Statement was held on the 12th November, 1930, and on the 23rd March, 1935, the Minister of Health approved the Preliminary Statement of proposals.

SANITARY CIRCUMSTANCES.

Water Supply.—The water supply of Tunbridge Wells is a soft water, drawn from springs issuing from the stratum known to geologists as the Tunbridge Wells Sandstone. The main springs are situated in unfrequented woodland areas, in which inhabited dwellings are few and distant ; the risk of pollution is well guarded against. The supply is a constant one, and the approximate number of dwelling houses supplied at the end of 1935 was 9,640 within the Borough and 617 outside.

For roughly one-half of the year the supply of water from the springs meets the requirements of the Borough. During the remaining portion of the year, artesian borewells give an ample and pure supply of water to supplement the flow from the springs. Seven Artesian Wells are situated at Pembury, where there is a large reservoir capable of holding 42,000,000 gallons. From this reservoir the water is pumped to a distributing reservoir at Blackhurst, Pembury, 500 feet above sea level. Thence it is distributed through the mains by force of gravity to the areas supplied. A certain amount of iron contained in solution in this deep well water is effectively removed by the use of Candy Oxidising Pressure Filters, seven in number. The Artesian Wells are bored through the Wadhurst Clay, and take their supply from the underlying Ashdown Sands ; the nearest point at which the Ashdown Sands reach the surface is some miles distant from the borewells. The water from the springs enters four open filter beds at Pembury, having an area of about one acre. A report made by the Borough Analyst, dated 22nd July, 1935, reads as follows :

Sample of Water from 15in. Main in Pembury Road.

Bacteriological Statement.

No. of organisms per cubic centimetre capable of growing.		B. Coli Communis Presumptive Test.		
on standard Gelatin in 4 days at 22° C.	on standard Agar-Agar in 24 hours at 37/38° C.	100 c.c.	10 c.c.	1 c.c.
35	0	—	—	—

Chemical Analysis.

<i>Determination.</i>	<i>Parts per 100,000.</i>
Free and Saline Ammonia	0.001
Albuminoid Ammonia	0.0005
Oxygen absorbed { in 15 minutes	0.004
} in 4 hours	0.0067
Nitric Nitrogen	0.29
Chlorine	2.55
Equivalent to Sodium Chloride	4.2
Total solid matter (dried at 180° C.)	19.5
Temporary Hardness	5.1
Permanent Hardness	None.
Sodium Carbonate	4.1
Appearance in two-foot tube	Colourless and clear.
Metals (Lead, Copper, Zinc, Iron)	Slight trace of iron.

The New Artesian Borewell at Saint's Hill, near Fordcombe, opened in 1931, taps the same geological layer of the Ashdown Sands as the Pembury Artesian Wells, at a depth of 407 feet: an analysis made in July, 1935, is given hereunder, and this varies but little from a previous analysis quoted in my Annual Report for 1932.

Sample of Water from Clarity Bowl, Saint's Hill.

Bacteriological Statement.

No. of organisms per cubic centimetre capable of growing.		B. Coli Communis Presumptive Test.		
on standard Gelatin in 4 days at 22° C.	on standard Agar-Agar in 24 hours at 37/38° C.	100 c.c.	10 c.c.	1 c.c.
0	0	—	—	—

Chemical Analysis.

<i>Determination.</i>	<i>Parts per 100,000.</i>
Free and Saline Ammonia	0.005
Albuminoid Ammonia	0.0005
Oxygen absorbed } in 15 minutes	0.004
} in 4 hours	0.0067
Nitric Nitrogen	None
Chlorine	2.55
Equivalent to Sodium Chloride	4.2
Total solid matter (dried at 180° C.)	28.0
Temporary Hardness	9.9
Permanent Hardness	None
Sodium Carbonate	6.85
Appearance in two-foot tube	Colourless and clear.
Metals (Lead, Copper, Zinc, Iron)	Slight trace of iron.

Rivers and Streams.—All the water courses in the Borough are small in volume, and the avoidance of contamination is therefore a problem of unusual complexity. Both North and South Streams have been frequently inspected, and analyses of their contents made from time to time. When necessary, representations have been made to various bodies or persons in order to put a stop to pollution, and to preserve the Streams in a reasonably pure condition.

Drainage and Sewerage.—The Borough sewage drains towards two Sewage Farms, one at the northern end and the other at the southern end of the town.

The South Sewage Farm has undergone large alterations and improvements, and in my Annual Report for 1933 details of these improvements were given.

The North Sewage Farm is 187 acres in extent, and its effluent goes to the North Stream. This stream has been kept under observation, and visits were paid on several occasions during the year both to the Sewage Farm and to all the stream's affluents within the Borough boundary. Satisfactory arrangements were made to prevent access of ammoniacal trade fluids to the sewer, and other sources of contamination were investigated. A portion of the bed of this small stream has become a rubbish receptacle, and the question of protecting it by forming a culvert has been under consideration: this would improve matters greatly if carried out.

At the southern end of the Town, the overflow by Charlton's Nurseries has been kept closely under observation by the Health Department Staff. Steps have been taken to render the flood overflow less frequent.

Closet Accommodation.—There are no privies in the Borough, but there are 105 pail closets in use in houses situated in the outlying rural areas. Sixty water closets drain to cesspools : all the remaining premises are connected to the public sewers.

Cesspools in the Borough are emptied by the Corporation free of charge once each quarter, a charge being made if more frequent emptying is required.

Public Cleansing.—Domestic refuse is collected once weekly ; trade refuse and refuse from institutions, hotels, schools, etc., is collected daily, or two or three times weekly, as required. The vehicles used are S.D. Freighters, three of which are of the " Dustless " pattern. Covered dustbins are very largely in use, and where fixed brick receptacles are found to be defective, efforts, usually successful, are made to abolish them and substitute galvanised iron bins.

The Bradford method of controlled tipping is carried out in Tunbridge Wells. This method of tipping has several advantages over other methods. First, the cost of disposal is low ; second, the method is much more sanitary than is uncontrolled tipping, and the dump used at the present time will improve and enhance the value of derelict land ; and third, salvage of all saleable material is now carried out, thus reducing the cost of disposal.

The Hilbert Recreation Ground, in which a marshy hollow was being filled up in 1934 by this method, ceased to be used in January, 1935, and since then the refuse has been tipped on low lying ground at the North Sewage Farm.

The total number of dust receptacles in the Borough is approximately 11,600, and 9,673 tons of house and trade refuse (9,828 tons in 1934) were dealt with by the Cleansing Department during the year.

The street gullies are emptied and flushed at least four times a year.

Schools.—All schools in the area are supplied with town water, and are connected with the public sewers.

There was no closure of schools or classes on account of infectious diseases during 1935, and no low attendance certificates were issued under the Elementary Educational Provisional Code, 1922, Amending Regulations No. 2, 1924. Full details of the procedure taken with regard to infectious diseases amongst elementary school children are set out in the Annual Report of the School Medical Officer.

Special reports were made on the sanitary conditions of two sets of school buildings during the year. These are given in full in the School Medical Officer's Annual Report for 1935.

Smoke Abatement.—As there are no large factories in the Town, nuisance from smoke is not in any way a prominent matter, and no action was found necessary during the year.

Swimming Baths and Pools.—There are two Swimming Baths within the Borough, both of which are under the control of the Corporation.

The Indoor Baths consist of one swimming bath measuring 90ft. by 35ft. having an up-to-date filtration plant, and 16 slipper baths. These premises have been inspected from time to time by the Medical Officer of Health, and everything has been found to be in good order and chlorine tests have proved satisfactory.

The Open-Air Bath, which is 88 yards long and 25 yards wide, was visited during the Summer of 1935 on the receipt of a complaint of the water being insanitary. On inspection, there was found to be a considerable content of green algae and the water appeared to be stagnant. The Bath was emptied, cleaned out and refilled. Arrangements have been made for an additional supply of water from the main to re-enforce the present supply and to accelerate the change-over of water.

Shops Act, 1934.—This Act, which came into operation on the 30th December, 1934, makes it compulsory on the part of the local authorities to see that arrangements are made for the health and comfort of shop workers. It provides that suitable and sufficient means of ventilating, lighting and heating shops must be installed, and that sufficient sanitary accommodation with washing facilities must be provided, also facilities for taking meals.

The Inspector under the Shops Acts paid due attention to these clauses during the routine inspections, and cases of infringement of the Act were referred to the Health Department to enable suitable action to be taken.

During the year, 31 visits were made by the sanitary inspectors to investigate reports of the Shops Acts Inspector. In several shops means of heating were asked for and obtained, while additional sanitary accommodation was obtained. In those cases where it was deemed impracticable to ask for additional sanitary accommodation, certificates of exemption were granted on condition that suitable arrangements were made whereby the employees had access to other sanitary conveniences.

Housing.—Between 1921 and 1931 the occupied dwellings of the Borough increased by 695 (9.03 per cent.). At the end of 1935 (four years and nine months after the last Census was

taken) 9,541 houses and flats were occupied, 560 more than at Census-time—an increase since 1931 of 6.24 per cent. The birth rate has fallen slightly, and allowing for a spacing out of families living two or more in one house, my estimate of the population is 35,650, and computations are based upon this figure.

During the year under review, no demolition of houses was carried out, but one Closing Order was made.

Slums are absent in the Borough, but old and dilapidated houses need constant supervision, and such as become too old to repair at reasonable cost, are condemned as unfit for human habitation in due course.

Overcrowding is present, even on the standard of measurement adopted under the Housing Act, 1935; this will be the subject of a Special Report.

Miss Robberds, Manager to the Corporation Housing Estates, has succeeded in maintaining a high standard of cleanliness in the Estates, and there is, speaking generally, a type of tenant imbued with a self-respect which takes pride in keeping the Estates clean and attractive.

Adequate reference to the work done by the Department in housing inspection, etc., is made in the report of the Senior Sanitary Inspector (see below).

Sanitary Inspection of Area.—During 1935, visits were paid to inspect houses, shops, farms, Public Baths, refuse dumps, diseased food, etc., as time allowed, and matters requiring improvement were brought to the notice of the parties concerned.

Most of the results of the sanitary inspection of the area are set out in the attached report made to me by the Senior Sanitary Inspector. It gives on perusal some idea of the

scope of the duties undertaken by the Sanitary Inspecting Staff.

Milk sampling was again actively undertaken, and the standard was found to be good ; it has risen considerably during the past few years, largely owing to the supervision maintained.

*To : The Medical Officer of Health,
for the Borough of Royal Tunbridge Wells.*

I beg to submit the following report on the work of the Sanitary Department during the year 1935.

A general statement as to the number of visits and inspections made and other work carried out is given hereunder :—

Houses inspected under the Housing Act	...	...	...	264
Premises inspected other than under the Housing Act	...	...	...	260
Houses visited <i>re</i> dustbin accommodation (other than above)	...	...	...	312
Complaints investigated	...	...	...	176
Houses inspected for sanitary certificate	...	...	...	1
Visits to Slaughter houses	...	...	...	802
" " other food premises	...	...	...	293
" " Bakehouses	...	...	...	115
" " Kitchens	...	...	...	58
" " Dairies	...	...	...	147
" " Cowsheds	...	...	...	109
" " Ice cream premises	...	...	...	8
" " Factories	...	...	...	63
" " Workshops	...	...	...	167
" " Workplaces	...	...	...	25
" " Common Lodging Houses	...	...	...	11
" " Stables	...	...	...	33
" " Streams	...	...	...	257
" <i>re</i> Shops Act	...	...	...	31
" " keeping of animals	...	...	...	31
" " rats and mice destruction	...	...	...	111
Interviews respecting property, etc.	...	...	...	258
Secondary visits <i>re</i> work in progress, etc.	...	...	...	3,822
Visits <i>re</i> infectious cases	...	...	...	44
Rooms disinfected by Sanitary Inspectors	...	...	...	87
Loads of bedding removed	...	...	...	5
Other visits	...	...	...	406
Chemical tests to drains—houses	...	...	...	246
Smoke " " " —occasions	...	...	...	38
Water " " " — "	...	...	...	182
Informal notices served 338, respecting 498 houses.				
Formal " " 64, " 56 "	...	...	...	...
Defects remedied	...	...	...	4,057
Food condemned and destroyed—5 tons 13 cwts. 3 qrs. 7 lbs.				
Carcases (home killed meat) examined...	...	...	...	6,304
Samples of food submitted for examination	...	...	...	102
" " " found below standard	...	...	...	Nil.

HOUSING INSPECTION.

During the year the detailed inspection of 264 working-class houses was carried out and particulars recorded under the Housing Consolidated regulations. Defects of a varying degree were found at 244 of these houses. The numbers for the preceding year were 229 and 196 respectively. At the end of the year the defects at the majority of the houses had either been remedied or were receiving attention, and it is satisfactory to record that in only four instances was it necessary to serve statutory notices under Section 17 of the 1930 Housing Act calling for the work to be executed. Three of these notices had been complied with at the end of the year, while the work at the remaining house was in progress.

One representation was made in respect of premises considered to be unfit for human habitation and incapable of being made fit. This was in connection with the basement flat at No. 7, Hanover Road. A closing order was made and became operative early in 1936. At the end of the year several of the old and more congested areas of the town were visited with a view to them being visited by you to ascertain what steps should be taken under the Housing Act to deal with the worst of the houses.

The Housing Act, 1935, came into operation in August of that year and under this Act it became the duty of Local Authorities to carry out a survey of all houses occupied by or capable of being occupied by persons of the working classes, to ascertain to what extent overcrowding exists. For the first time in legal history a definite standard has been defined for fixing the number of people the working class houses can accommodate. A preliminary survey was called for, and under this the number of rooms, families and inmates in each house had to be obtained. This has to be followed by a more detailed survey and measurements of the rooms and the ages of all children under 10 years of age obtained. Five men were appointed as enumerators and another as clerk and started the preliminary survey at the beginning of December. This was completed on the 19th December, when 5,539 houses had been

visited. The more detailed survey was in active progress at the end of the year.

It is anticipated that the Local Authorities will be called upon to carry out further housing schemes to provide houses to accommodate those people found to be living in overcrowded conditions.

In addition to the houses inspected under the Housing Act, it was necessary to carry out inspections of 260 other premises in connection with notices from builders, complaints, etc., and works were executed at 200 of these premises. Further premises to the number of 312 were visited respecting dustbin accommodation.

The following information is called for by the Ministry of Health :—

1. Inspection of dwelling-houses during the Year :—

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	524
	(In addition 312 houses were visited <i>re</i> dustbin accommodation.)	
(b)	Number of inspections made for the purpose ...	4346
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	264
(b)	Number of inspections made for the purpose ...	2390
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	443

2. Remedy of Defects during the Year without Service of formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	378
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3. Action under Statutory Powers during the year :—

A.—Proceedings under sections 17, 18 and 23 of the Housing Act, 1930 :

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	4
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a)	By owners	3
(b)	By Local Authority in default of owners ...	Nil.

B.—Proceedings under Public Health Acts :

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	21
-----	--	----

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	15
(b) By Local Authority in default of owners ...	Nil.
c.— <i>Proceedings under sections 19 and 21 of the Housing Act, 1930 :</i>	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	Nil.
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	Nil.
d.— <i>Proceedings under section 20 of the Housing Act, 1930 :</i>	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil.

Arising out of the various inspections, defects numbering 4,057 were remedied, details of which are given hereunder :—

Houses redrained	54
Houses at which drains were repaired	70
Intercepting traps fixed	5
Inspection chambers constructed	64
Cesspools abolished	—
Inspection chambers repaired	19
New Vent pipes fixed to drains	24
New Soil pipes provided	13
Soil and Vent pipes repaired	18
New glazed gullies fixed	132
Defective bell traps removed	2
Obstructions removed from drains	22
New W.C.'s provided	21
New W.C. pans and traps fixed... ..	103
W.C.'s provided with water supply	1
Flushing cisterns repaired, or renewed	52
Rain water pipes disconnected from drains	11
Rain water pipes and gutters repaired	133
Roofs repaired	116
Paving to yards repaired	260
Galvanised dustbins provided	310
Ashpits discontinued	4
Accumulations of rubbish removed	23
Nuisances from animals abated	11
New sinks provided	28
Sink wastes repaired or renewed	72
New Baths and Lavatory Basins fixed	75
New Bath and Lavatory Basin waste pipes	73
Rooms stripped and distempered or repapered	364
Ceilings cleansed and distempered	101
Rooms and bedding cleansed (tenant)	17
Overcrowding abated	5
Rooms ventilated	30
Walls repaired (internally)	166
„ „ (externally)	98
Floors repaired	187
Space under ground floors ventilated	34
Windows repaired or renewed	106
New sash cords fixed	247
Dampness remedied	62

Coppers repaired or renewed	...	...	...	...	...	23
Chimneys repaired	...	...	...	...	...	90
Stoves repaired or renewed	...	...	...	...	...	83
Slaughter houses cleansed	...	...	...	...	...	6
Dairies and Cowsheds limewashed	...	...	...	...	...	24
Miscellaneous	...	...	...	...	...	605
New water supply pipes to houses	...	...	...	...	...	23
Factory and Workshops Act	...	...	...	...	...	70

FACTORIES AND WORKSHOPS.

Tunbridge Wells not being a manufacturing town, there are no large factories or workshops, but quite a number of smaller premises, and the following inspections and visits were made to ensure that the requirements of the Factory and Workshops Act were being observed :—Factories 63, Workshops 167, Workplaces 25, Factory Bakehouses 15, Bakehouses 100, Kitchens 58. Defects to the number of 71 were detected during the course of inspections and of these 70 had been remedied at the end of the year. It is to be regretted that the most common defect is the want of cleanliness in a few of the bakehouses to which I have made reference on previous occasions. On the other hand there has been an improvement in the manner in which the majority of the bakehouses are conducted, although many of such premises are old and difficult to maintain to a really good standard.

DAIRIES, COWSHEDS AND MILKSHOPS.

During the year 109 visits were made to the farms in the Borough and 147 to dairies and milkshops. No serious defects were discovered, but at certain of the farms it was again necessary on several occasions to call for improvement in the cleanliness of the cattle. Under a scheme devised by the Milk Marketing Board, it is now possible for a farmer to receive one penny per gallon additional payment for his milk providing he first obtains a licence to produce milk up to Grade A. standard. During the year, three of the farmers whose farms are in the Borough qualified for their Grade A. licences, and I am hopeful that others will qualify in the near future.

In connection with the milk supply, samples as under, were submitted for bacteriological examination in addition to those examined chemically.

School supplies—six samples—4 satisfactory 2 unsatisfactory.

Grade A.—five samples—4 satisfactory 1 unsatisfactory.

Certified—six samples—5 satisfactory 1 unsatisfactory.

For tubercle bacilli—one sample—sample negative (by the K.C.C.)

In addition nine samples were obtained from schools under their control and of these 7 were satisfactory and 2 unsatisfactory

FOOD SUPPLIES AND INSPECTION.

A large amount of time was again taken up in dealing with the supervision of the food supplies, particularly regarding the inspection of carcasses at times of slaughter which necessitated frequent visits outside the recognised office hours. It is pleasing to report that the class of animals slaughtered in the Borough remained high, and I have no hesitation in stating that there are few, if any, towns where higher class animals are slaughtered for food.

The number of slaughter houses in use remains the same, *viz.*, three registered and three licensed.

During the year 802 visits were paid to slaughterhouses and 293 visits to other food premises such as butchers' shops, fried fish shops, wholesale meat stores, etc., in addition to those made to bakehouses and dairies. 6,304 carcasses of home killed meat were inspected at the slaughterhouses, this being a slight increase over the number for the previous year ; 332 notices of casual slaughter were received, these being in addition to the standing notices giving regular days.

Food weighing 5 tons 13 cwts. 3 qrs. 7 lbs. was condemned as being diseased, unsound, unwholesome or unfit for the food of man, this being an increase of over three tons over the previous year. The greater portion of this food consisted of home-killed meat detected at the slaughterhouses during routine inspection. Notwithstanding the large amount of food condemned, it was unnecessary to obtain any magistrates' orders, the whole of it being voluntarily surrendered. This being so, I feel it my duty to express appreciation of the manner in which the butchers have endeavoured to assist me in carrying out what at times is apt to be an unpleasant duty.

Particulars of the food condemned is given hereunder :—

Beef (home killed)	...	5279 lbs. of	which 5279 lbs. was tuberculous
Beef offal (home killed)	1359	„ „ „	1270 „ „ „
Pork	„ „	1893 „ „ „	892 „ „ „
Pigs heads	„ „	1721 „ „ „	1711 „ „ „
Ox livers	„ „	163 „ „ „	131 „ „ „
Other offals	„ „	497 „ „ „	221 „ „ „
Mutton	... ..	48 „	
Imported beef	... ..	689 „	
„ offals	... ..	81 „	
Fish	... ..	313 „	
Tinned foods	... ..	704 „	

Also three grouse.

FOOD AND DRUGS ACT.

During the year 102 samples of various foods were submitted to the public analyst for chemical analysis, 37 being obtained formally under the Act, while 65 were surprise samples taken informally. Forty-seven of the samples were milk, the majority being obtained from roundsmen in the streets.

It is gratifying to be able to report that no sample was found below the recognised standard—this is the first year during my service in Tunbridge Wells that this ideal has been attained. Many of the samples of milk were of an exceptionally high standard, while the average content of the 47 samples was well above the legal standard for that commodity, the average for the fat content being 3.75 per cent., for the non-fatty content 8.97 per cent., the legal standard being 3 per cent. and 8.5 per cent. respectively.

Ten samples of cream were analysed and the fat content showed a big variation ranging from 51 to 80 per cent., the average being 65 per cent., which can be considered good.

The need for a standard for ice cream was evidenced by the fact that in the 10 samples analysed the fat content varied between 3.72 per cent. to 17.75 per cent. (average 11.02 per cent.), although the difference in price was very slight, in fact one of the highest priced ices contained almost the lowest fat content.

The following table gives particulars of the samples submitted for analysis :—

FOOD AND DRUGS ADULTERATION ACT.

Samples Analysed During Year 1935.

Nature of Article.	Examined.			Adulterated.			Action Taken.
	Formal	Informal	Total.	Formal	Informal	Total.	
New Milk ...	37	10	47	—	—	—	—
Skimmed Milk	—	1	1	—	—	—	—
Cream ...	—	10	10	—	—	—	—
Butter ...	—	5	5	—	—	—	—
Margarine ...	—	5	5	—	—	—	—
Lard ...	—	1	1	—	—	—	—
Cheese ...	—	1	1	—	—	—	—
Ice Cream ...	—	10	10	—	—	—	—
Sausages ...	—	4	4	—	—	—	—
Coffee ...	—	2	2	—	—	—	—
Chicken and Ham ...	—	1	1	—	—	—	—
Cocoa ...	—	1	1	—	—	—	—
Sultanas ...	—	1	1	—	—	—	—
Raisins ...	—	1	1	—	—	—	—
Sugar ...	—	2	2	—	—	—	—
Mincemeat ...	—	3	3	—	—	—	—
Chopped Suet	—	2	2	—	—	—	—
Pepper ...	—	1	1	—	—	—	—
Fish Paste ...	—	1	1	—	—	—	—
Ground Rice	—	1	1	—	—	—	—
Tapioca ...	—	1	1	—	—	—	—
Mixed Dried Fruit ...	—	1	1	—	—	—	—
	37	65	102	—	—	—	—

RATS AND MICE DESTRUCTION.

Further useful work was accomplished in connection with the administration of the Rats and Mice Destruction Act, 1111 visits being made in connection with this. Particular attention was again paid to a pig and poultry farm in the Borough and a large number of rats were destroyed when several of the old sheds were pulled down. As new sties have been erected, I am hopeful that the rat infestation in the neighbourhood of this farm will show a diminution. Many people still fail to understand that the occupier of any premises is responsible for carrying out disinfestation and that it is not my duty to act as rat catcher. Certain of these persons are willing to have disinfestation carried out, providing it can be done at the expense of the Local Authority, but evidence very little enthu-

siasm in carrying out such work at their own expense and trouble.

CONCLUSION.

In conclusion I would again like to express my thanks and appreciation for the support you have accorded throughout a year which has been made more onerous by the additional duties which have had to be carried out, and by the changes in the staff.

HARRY T. TAYLOR,
Chief Sanitary Inspector.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

(A) NOTIFIABLE DISEASES.

One hundred and nineteen cases of infectious disease were notified during 1935, as compared with 224 in 1934 and 138 in 1933. The following Tables give details of the seasonal and age incidence of, and the mortality from these notifiable diseases :—

Seasonal Incidence of Notifiable Infectious Diseases, 1935.

MONTH.	Scarlet Fever.	Diph- theria.	Erysi- pelas.	Opht- halmia Neona- torum.	Pneu- monia.	Puer- peral Fever & Py- rexia.	Encep- halitis Leth- argica.	Totals.
January ...	2	—	1	—	4	2	1	10
February ...	3	—	2	—	5	—	—	10
March ...	3	—	1	1	3	1	—	9
April ...	4	—	—	—	8	—	—	12
May ...	9	4	—	—	—	—	—	13
June ...	7	2	1	1	4	—	—	15
July ...	—	—	1	—	—	—	—	1
August ...	5	—	1	—	2	1	—	9
September ...	2	1	—	—	—	—	—	3
October ...	10	2	2	—	3	1	—	18
November ...	4	—	—	—	—	2	—	6
December ...	5	—	—	—	7	1	—	13
TOTAL ...	54	9	9	2	36	8	1	119

AGES, Etc., OF CASES OF NOTIFIABLE INFECTIOUS DISEASES.

DISEASE.	Total cases notified (All ages).	Under 1 year.	1 year and under 2 years.	2 years and under 3 years.	3 years and under 4 years.	4 years and under 5 years.	5 years and under 10 years.	10 years and under 15 years.	15 years and under 20 years.	20 years and under 35 years.	35 years and under 45 years.	45 years and under 65 years.	65 years and over	Cases admitted to hospital.	Deaths (Inhabitants only).
Scarlet Fever ...	54 (5)	—	1	2	3	8	27	5	1	4	2	1	—	52	—
Diphtheria ...	9 (2)	—	—	—	2	—	2	1	2	2	—	—	—	9	—
Enteric Group ...	— (—)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	9 (3)	1	—	—	—	—	—	2	—	2	1	2	1	3	—
Ophthalmia															
Neonatorum	2 (—)	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	36 (4)	2	3	1	4	—	2	—	—	5	2	10	7	5	37*
Puerperal Fever	— (—)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	8 (2)	—	—	—	—	—	—	—	—	8	—	—	—	2	—
Anterior Polio-myelitis ...	— (—)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis															
Lethargica															
Other Diseases	1 (—)	—	—	—	—	—	—	—	—	—	1	—	—	—	1
notifiable locally	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

NOTE—Figures in brackets (column 2) indicate the number occurring amongst outside cases in institutions in the Borough.
*Only certain forms of Pneumonia are notifiable, but this figure includes deaths from all forms.

Scarlet Fever.—Fifty-four cases were notified, giving a case rate of 1.51 per thousand population, as compared with 2.96 for England and Wales. The average number of cases per annum in the quinquennium 1930-1934 was 45.

The type of the disease continued mild, and 52 cases were treated in the Borough Fever Hospital, the average period of stay being 32 days. The difficulty in diagnosing mild cases of this disease is well known.

Towards the close of the year, as 5 cases of Scarlet Fever occurred in the local branch of Dr. Barnardo's Home, 43 inmates and staff were Dick tested, and of these 14 proved positive. Nine cases were given a dose of Anti-Scarlatinal Serum, the others having had sore throats and slight temperatures, probably streptococcal in origin.

In case of a sharp attack, Anti-Scarlatinal Serum was employed with beneficial results.

Diphtheria.—The attack rate per thousand population was 0.25, as compared with 1.60 for England and Wales generally. The cases numbered 9 (41 in 1935), of which 2 were inmates of institutions in the Borough, having been admitted from outside districts. The disease produced no fatalities.

All 9 cases were admitted to the Fever Hospital for treatment, and the average length of stay was 26 days.

The Table on page 59 gives details of the incidence, etc., of Diphtheria in a useful and concise form.

The Corporation provides anti-toxin, free of charge, for use by medical practitioners practising in the town. This anti-toxin can be obtained at the Public Health Offices at any hour. Specimens taken from suspicious cases are examined at the Public Health Offices daily (including Sundays) and speedy reports of the examinations are given.

The dangers attached to Diphtheria should be kept fully in mind by members of the medical profession, and by all who have children in their care. Anti-toxin is ready, free of charge for immediate use in any suspicious case ; it should be given without awaiting bacteriological reports wherever the suspicion of Diphtheria is entertained. Waiting till the next day may mean the loss of a life.

The staff of the Borough Fever Hospital was Schick tested, and all those who were not entirely immune, were immunised against Diphtheria. No further action in Schick testing was taken by the Health Department during the year.

Comparison of the Incidence, and Mortality of Diphtheria in Different Years.

Year.	Estimated Population.	No. of Cases.	Attack-Rate per 1,000 Population	Deaths Registered.	Death-Rate per 1,000 Population
1890	28,148	20	0.71	5	0.18
1891	27,984	16	0.57	4	0.14
1892	28,345	24	0.85	5	0.18
1893	28,705	41	1.43	9	0.31
1894	29,065	40	1.37	5	0.17
1895	29,535	44	1.49	8	0.27
1896	29,895	67	2.24	14	0.47
1897	30,255	117	3.87	10	0.33
1898	30,615	278	9.08	31	1.01
1899	30,975	120	3.87	7	0.23
1900	31,335	82	2.62	3	0.10
1901	33,443	31	0.93	1	0.03
1902	33,773	23	0.68	2	0.06
1903	34,073	9	0.26	0	0.00
1904	34,373	12	0.35	1	0.03
1905	34,673	17	0.49	0	0.00
1906	34,973	10	0.28	0	0.00
1907	35,273	27	0.76	6	0.17
1908	35,573	29	0.81	1	0.03
1909	35,873	11	0.31	3	0.08
1910	36,173	15	0.41	0	0.00
1911	35,778	69	1.92	8	0.22
*1912	36,038	91	2.52	10	0.28
1913	36,298	129	3.5	4	0.11
1914	36,460	154	4.2	1	0.02
1915	33,430	83	2.5	5	0.15
1916	32,316	53	1.6	7	0.22
1917	30,751	40	1.3	1	0.03
1918	32,297	23	0.8	1	0.03
1919	34,423	57	1.6	4	0.20
1920	35,795	64	1.8	2	0.06
1921	34,270	32	0.9	1	0.03
1922	34,360	26	0.8	0	0.00
1923	34,370	11	0.3	1	0.03
1924	34,330	11	0.3	1	0.03
1925	34,080	14	0.4	1	0.03
1926	34,430	15	0.4	1	0.03
1927	33,870	42	1.2	1	0.03
1928	34,820	45	1.3	0	0.00
1929	35,040	10	0.3	3	0.09
1930	35,040	27	0.77	3	0.09
1931	34,660	19	0.55	1	0.03
1932	35,040	5	0.14	0	0.00
1933	34,470	36	1.04	2	0.06
1934	†35,653	41	1.15	1	0.03
1935	35,650	9	0.25	0	0.00

* Since 1912, mild cases diagnosed by bacteriological examination are included: prior to that year they were unrecognised as cases of diphtheria. The attack-rate per 1,000 population, before 1912, was calculated without the aid of this method of detecting the presence of diphtheria.

† This figure is a composite one, the Borough boundaries being extended during the year.

Erysipelas.—Nine notifications were received, and of these three occurred in the Kent and Sussex Hospital. The case rate was 0.25, compared with 0.42 for England and Wales.

Ophthalmia Neonatorum.—Two cases of this disease were notified during 1935. One case occurred in the Tunbridge Wells and District Maternity Home, and was mild in character. The other case was treated at the Ophthalmic Department of the Kent and Sussex Hospital as an out-patient. Both made complete recoveries.

Pneumonia.—Thirty-six notifications of this disease were received, as compared with 40 during the previous year.

Acute Primary and Acute Influenzal Pneumonia are the varieties notifiable, and owing to a certain amount of confusion in the minds of some of the medical practitioners, the returns are not as complete as could be wished.

Puerperal Fever and Puerperal Pyrexia.—Eight notifications were received, all of Puerperal Pyrexia, and of these six were Borough residents. Of the Tunbridge Wells cases, one was removed to the Borough Fever Hospital for treatment,

All made good recoveries.

Encephalitis Lethargica.—One case only was notified. The patient was removed to a nursing home, the disease proving rapidly fatal.

Tuberculosis.—Under the Public Health (Tuberculosis) Regulations, it is required that a Register be kept of all tuberculous persons in the area, and that a statement of the number on the register be forwarded to the Health Authority of the Administrative County, at the end of each quarter.

The number of persons whose names were on the Register at the end of 1935, was 139 (89 Pulmonary and 50 Non-

Pulmonary) as compared with 145 (90 Pulmonary and 55 Non-Pulmonary) at the end of 1934.

TUBERCULOSIS.

New Cases and Mortality during 1935.

Age-Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0-1	—	—	—	—	—	—	—	—
1-5	—	—	—	2	—	—	—	1
5-10	—	—	2	1	—	—	1	—
10-15	—	—	—	2	—	—	—	—
15-20	1	1	1	—	—	—	—	—
20-25	1	1	—	—	1	—	—	1
25-35	—	3	—	—	—	2	—	—
35-45	5	2	—	—	—	1	—	—
45-55	3	1	—	—	2	2	—	1
55-65	2	2	—	—	2	1	—	1
65 & upwards	—	1	—	—	—	1	—	—
Totals ...	12	11	3	5	5	7	1	4

Of the 17 deaths, 4 (2 pulmonary and 2 non-pulmonary) had not been notified under the Public Health (Tuberculosis) Regulations.

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, and no action was taken under Section 62 of the Public Health Act, 1925.

The death-rate for 1935, 0.48, is the third lowest recorded during the past 46 years, and the death-rate from Tuberculosis of the lungs, 0.34 per thousand of the population, equals the lowest yet recorded in the Borough, the previous low figures in each case having been recorded in 1932 and 1934.

The Table which follows this paragraph clearly indicates that the death-rate from Tuberculosis is slowly and steadily being reduced.

Deaths from Tuberculosis During 46 Years.

Year.	Estimated Population.	Phthisis.	Phthisis. Death-rate	Other Forms of Tuberculosis.	Totals.	Tuberculosis Death-rate	Average Tuberculosis Death-rates
1890	28,148	37	1.32	12	49	1.73	1.93
1891	27,984	40	1.43	17	57	2.03	
1892	28,345	30	1.06	18	48	1.69	
1893	28,705	31	1.08	22	53	1.84	
1894	29,065	39	1.34	16	55	1.89	
1895	29,535	34	1.15	30	64	2.16	1.45
1896	29,895	25	0.83	21	46	1.54	
1897	30,255	25	0.82	11	36	1.19	
1898	30,615	21	0.68	20	41	1.35	
1899	30,975	40	1.29	15	55	1.77	
1900	31,335	20	0.63	24	44	1.40	1.34
1901	33,443	35	1.04	15	50	1.49	
1902	33,773	29	0.89	17	46	1.36	
1903	34,073	32	0.93	10	42	1.23	
1904	34,373	36	1.04	8	44	1.28	
1905	34,673	35	1.01	11	46	1.32	1.13
1906	34,973	28	0.80	8	36	1.03	
1907	35,273	35	0.99	8	43	1.22	
1908	35,573	20	0.56	14	34	0.93	
1909	35,873	43	1.19	7	50	1.39	
1910	36,173	28	0.77	11	39	1.08	1.00
1911	35,778	21	0.58	6	27	0.75	
1912	36,038	24	0.66	7	31	0.86	
1913	36,298	32	0.88	14	46	1.26	
1914	36,460	27	0.74	11	38	1.04	
1915	33,430	29	0.87	8	37	1.11	1.27
1916	32,316	28	0.87	12	40	1.24	
1917	30,751	30	0.97	13	43	1.40	
1918	32,297	36	1.11	17	53	1.64	
1919	34,423	29	0.87	10	39	1.16	
1920	35,795	21	0.59	12	33	0.92	0.84
1921	34,270	25	0.73	7	32	0.93	
1922	34,360	21	0.61	11	32	0.93	
1923	34,370	30	0.88	4	34	0.99	
1924	34,330	19	0.55	6	25	0.73	
1925	34,080	17	0.50	4	21	0.62	0.73
1926	34,430	26	0.76	3	29	0.84	
1927	33,870	20	0.59	3	23	0.68	
1928	34,820	20	0.57	6	26	0.75	
1929	35,040	19	0.54	4	23	0.66	
1930	35,040	21	0.60	5	26	0.74	0.49
1931	34,660	16	0.46	3	19	0.55	
1932	35,040	12	0.34	3	15	0.43	
1933	34,470	14	0.41	4	18	0.52	
1934	†35,653	12	0.34	4	16	0.45	
1935	35,650	12	0.34	5	17	0.48	

†This figure is a composite one, as the Borough boundaries were extended during the year

Conditions which have favoured and which continue to favour its decrease are (1) Better housing accommodation with free access of light and air, and with free use of the means of ventilation ; (2) better economic conditions with less under-

nourishment prevailing ; (3) the spread of information upon the health-giving properties of sunlight and air, and general teaching of personal hygiene ; (4) greater care on the part of the public to ensure a clean, healthy food supply for themselves and to avoid spreading infection by promiscuous expectoration. Further improvement may be expected when the construction of more houses at low rents enables the Local Authority to abolish overcrowding.

The arrangements for treating tuberculous persons are in the hands of the Kent County Council.

(B) NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

Knowledge of these is chiefly obtained through the schools in the first instance ; visiting at homes where school cases are notified enables the Health Visitors to discover cases amongst younger children.

Mumps, which had been absent for some years, found many victims ; 552 cases being recorded, mostly in the period March, April and again in December. Chicken Pox (176 cases) was less than in 1934, but was moderately prevalent early in the year. Whooping-cough was of low incidence, but there were 2 deaths from this disease. The following Table shows the number of known cases during the years 1935, 1934, 1933 and 1932.

	1935.	1934.	1933.	1932.
Measles	1	31	4	251
Whooping-cough	81	279	25	319
Chicken-pox ...	176	262	60	221
German Measles ...	1	14	1	5
Mumps	552	6	7	4

Only three deaths were attributed to **Influenza**, of which 2 were those of persons over 75 years of age : the disease was not prevalent.

No death occurred from **Diarrhoea and Enteritis** during the year.

CANCER.

As will be seen on page 65, 86 deaths were due to this disease in 1935, as compared with 89 in 1934. It should always be remembered that in the early stages of this disease the prospect of recovery is good, but medical advice *must* be sought early.

In Tunbridge Wells there has become available in 1935 at the Kent and Sussex Hospital, a supply of Radium adequate to deal with all the varieties of Cancer for which this form of treatment is suited. A Radium Clinic is held there each Saturday morning at 11 a.m. Therefore, anyone, particularly if past middle life, who is in doubt about an ailment should seek early medical advice, with the knowledge that treatment can be promptly arranged, with large hope of cure if the advice be sought early.

The following Table shows the relative incidence of the disease in sexes, ages and sites of attack during 1935 :—

DISINFECTION AND DISINFESTATION.

The Public Cleansing Station is housed in the basement of the Health Offices. There is a Steam Sack Disinfector, which sterilises clothing while the owner is having cleansing and disinfectant treatment in the adjacent bathing room. Thirteen disinfectant baths were given to five individuals during 1935.

The majority of the disinfections of rooms have been carried out by the Sanitary Inspecting Staff, except after office hours when they are done by the Caretaker of the Health Offices, who also works the Willesden Sack Disinfector. There is a small disinfector at the Fever Hospital, used in connection with fever cases. Bedding is disinfected after enteric fever cases, and, on request by the medical attendant, after certain cases of Cancer.

Washing and boiling of bed linen and personal wear, thorough airing and scrubbing of rooms which have been occupied by infected persons are advised ; stripping of wall paper and re-decoration of rooms vacated after prolonged use by sufferers from pulmonary tuberculosis is required.

Small-pox and Chicken-pox are the only diseases readily carried in the clothing ; the chief method of spread of infectious diseases is by direct contact with the human carrier, and disinfection of rooms and clothing occupies a less prominent position than it once did. Attention to building up the patient's health, and to abolishing unhealthy conditions of the throat, nose or ears, avoidance of crowding and close atmosphere, do more to diminish the spread of infection than does the fumigation of rooms.

BOROUGH OF ROYAL TUNBRIDGE WELLS.

EDUCATION COMMITTEE :

(*Present constitution*).

Mr. Alderman SAUNDERS (*Chairman*).

Alderman Miss BAKER.

Mr. Alderman BURSLEM.

Mr. Councillor ADAMS.

Mr. Councillor BOOTES.

Mr. Councillor CRABTREE.

Mr. Councillor HARGREAVES.

Mr. Councillor HILLMAN.

Mr. Councillor HUGGETT.

Mr. Councillor KENNARD.

Mr. Councillor RAISWELL.

Mr. Councillor SARGENT.

Miss R. J. HAZLEWOOD.

Miss MAUD ROBERTS.

Rev. T. C. BEWES, M.A.

Rev. Canon T. G. GILLING-LAX,
M.A., R.D.

Rev. W. TURTON.

Mr. C. A. PRESTON, M.A.

Mr. J. A. PUNTON SMITH, M.B.E.

STAFF OF THE SCHOOL MEDICAL DEPARTMENT :

†Chief Clerk :

J. G. COX.

†Assistant Clerks :

Miss DOROTHY BULL.

C. H. WEEKES.

†School Nurses :

Miss P. M. BUCKNELL (*two-fifths time*).

Miss J. DONALDSON (*two-fifths time*).

Miss M. MACLAREN (*four-fifths time*).

*Dental Nurse-Attendant :

Mrs. J. COX (*appointed 29/4/1935*).

Miss E. LAY (*resigned 17/4/1935*).

*School Dental Surgeon :

T. NEVILLE STRANGE, L.D.S., R.C.S., Eng. (*appointed 3/5/1935*).

T. F. FOX, L.D.S., R.C.S., Eng. (*resigned 1/5/1935*).

*Orthopaedic Surgeon :

PHILIP L. RICHARDSON, M.B., B.S., Lond., M.R.C.S., L.R.C.P.

*Aural Surgeon :

J. WALKER WOOD, L.R.C.P., L.R.C.S., L.R.F.P.S.

*Ophthalmic Surgeon :

D. DAVIES, M.B., M.R.C.S., L.R.C.P.

†Assistant School Medical Officer :

D. D. PAYNE, M.D., D.P.H. (*appointed 23/4/1935*).

W. D. T. BRUNYATE, M.D., D.P.H. (*resigned 18/4/1935*).

†School Medical Officer :

F. C. LINTON, M.A., M.B., CH.B., D.P.H.

* *Part-time Appointments.*

† *Full-time Officers, but only Part-time devoted to School Medical Work.*

INDEX.

	PAGE
SUMMARY OF STATISTICS	73
STAFF	67 & 73
CO-ORDINATION	74
THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS :—	
School Hygiene	74
Medical Inspection	80
FINDINGS OF MEDICAL INSPECTIONS :—	
(a) Malnutrition	82
(b) Uncleanliness	82
(c) Minor ailments, etc.	83
(d) Visual defects, etc.	83
(e) Nose and Throat defects	84
(f) Ear disease and defective hearing	84
(g) Dental defects	84
(h) Orthopaedic and postural defects	84
(i) Tuberculosis	84
(j) Heart Disease and Rheumatism	84
(k) Other defects and diseases	85
FOLLOWING UP	85
ARRANGEMENTS FOR TREATMENT :—	
(a) Malnutrition	86
(b) Uncleanliness	86
(c) Minor ailments, etc.	86
(d) Visual defects, etc.	87
(e) Nose and Throat defects	88
(f) Ear disease and defective hearing	89
(g) Dental defects	90
(h) Orthopaedic and postural defects	91
(i) Tuberculosis	92
(j) Heart Disease and Rheumatism... ..	92
(k) Other defects and diseases	92
INFECTIOUS DISEASES	93

	PAGE
THE BOROUGH OPEN-AIR SCHOOL	94
PHYSICAL TRAINING	96
PROVISION OF MEALS	97
CO-OPERATION OF PARENTS	98
CO-OPERATION OF TEACHERS	98
CO-OPERATION OF SCHOOL ATTENDANCE OFFICER ...	99
CO-OPERATION OF VOLUNTARY BODIES	99
HEALTH EDUCATION	101
BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN :—	
(a) Blind	102
(b) Deaf	102
(c) Mentally Defective	102
(d) Epileptic	103
(e) Physically Defective	103
(f) Children with Multiple Defects	104
NURSERY, SECONDARY AND CONTINUATION SCHOOLS ...	104
EMPLOYMENT OF CHILDREN AND YOUNG PERSONS ...	104
PARENTS' PAYMENTS	105
SPECIAL INQUIRIES	105
STATISTICAL TABLES :—	
Table I.	106
„ II.	107
„ III.	108
„ IV.	112
„ V.	116
„ VI.	116
Form 307 M. (Board of Education)	117
NUMBER OF CHILDREN MEDICALLY INSPECTED AT EACH	
SCHOOL	118

Report to the Education Committee

BY

F. C. LINTON, M.A., M.B., Ch.B., D.P.H.

School Medical Officer.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Report upon the work of the School Medical Department during the year 1935. It is arranged in accordance with the suggestions for the arrangement of annual reports made by the Board of Education on Form 6M. (Schedule), issued in January, 1934. This is the twenty-second report since I commenced duty as your School Medical Officer.

On December 31st, 1935, there were within the area of the Borough, one provided school and eighteen non-provided schools, consisting of twenty-three departments with recognised accommodation for 4,269. The average attendance during the year was 2,779 as compared with 2,874 during the year ended 31st March, 1935.

With regard to infectious diseases, the year was singularly healthy ; apart from an outbreak of Mumps in March and April, no infectious disease was seriously prevalent, and some were absent altogether.

A further increase will be noted in the amount of work undertaken by the Medical Staff. Last year's record was surpassed by nearly 900 : both school re-inspections and inspections at the School Clinic account for the increase. The total number of medical inspections carried out during the year was 5,952.

Moreover, your Medical Staff was able to undertake closer supervision of the children in attendance at the Open-Air School, and to study in more detail the benefits derived from the different health assets available in this school. These assets consist of three good meals daily, tonic spray-baths for each child once weekly, fresh air at all times, and sun-bathing when available, together with quiet rest periods after meals. The results achieved have been good, and I have noticed on re-inspecting children perhaps six months after ceasing attendance at the Open-Air School, that the benefit in most cases remains.

I wish to express to all the members of my Staff my sense of indebtedness to them for the hard work which they have done during the year, also to the members of the Education Committee and to the Teaching Staffs of the Schools for their sympathetic co-operation and assistance.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. C. LINTON.

PUBLIC HEALTH OFFICES,

10, CALVERLEY TERRACE,

TUNBRIDGE WELLS.

2nd April, 1936.

SUMMARY OF STATISTICS, 1935.

Average number of children on the School Registers			
during Year ended 31st December, 1935 ...	...	...	3,064
Average attendance at the Elementary Schools during			
the Year ended 31st December, 1935 ...	...	...	2,779
Number of Medical Examinations :—			
(a) In the Schools ...	...	2,913	
(b) At School Medical Centre ...	...	3,039	
	————	Total	5,952
Number of examinations by the School Dental Surgeon			
			1,129
Number of treatments for Minor Ailments :—			
(a) At Open-Air School ...	...	1,236	
(b) At School Medical Centre ...	...	6,160	
	——	Total	7,396
Number of treatments given by the School Dental			
Surgeon to 949 individual children ...	...	1,735	
Total number of attendances at the School Medical			
Centre for <i>all</i> purposes ...	...	10,057	
Number of attendances for treatment (remedial			
exercises, massage, electrical treatment, etc.) at			
the Kent and Sussex Hospital under the Local			
Authority's arrangements ...	...	517	
Number of operations for removal of Tonsils and/or			
Adenoids, under Local Authority's arrangements			
			97
Home Visits by School Nursing Staff ...	...	2,940	

STAFF.

On the first page of this Report are set out the names of the Staff.

Dr. W. D. T. Brunyate's appointment as Assistant School Medical Officer terminated on the 18th April, 1935, when he left to take up an appointment with the Isle of Ely County Council. He was succeeded by Dr. D. D. Payne on the 23rd April.

On the 1st May, 1935, Mr. T. F. Fox, L.D.S., R.C.S. (Eng.), resigned his appointment as School Dental Surgeon, and Mr. T. Neville Strange, L.D.S., R.C.S. (Eng.), was appointed to succeed him as from the 3rd May.

A change of Dental Nurse-Attendant was also made, Miss Lay resigning on the 17th April, 1935, and being succeeded by Mrs. Cox on the 29th April.

No other changes of Staff took place during the year.

CO-ORDINATION.

The work carried out under the Maternity and Child Welfare Scheme and the School Medical Service is undertaken by the same Medical Staff, and two of the School Nurses also act as Maternity and Child Welfare Nurses. The same record card is used for consultations at the Infant Welfare Centres and for recording routine medical examinations in the schools, so that the previous medical history is available at the time of the school inspections. Satisfactory co-ordination of the work is thus achieved.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

In continuance of a general review of school premises, as instructed by the Education Committee in July, 1932, the following reports were made on St. Luke's Infants' School in January, 1935, and St. James' Infants' School in December, 1935.

ST. LUKE'S INFANTS' SCHOOL : This is an airy and well-lighted building, the class-rooms have wood-block floors, treated with "Floradcol" with the exception of the class for children under 5 years of age. These sit or crawl on the

floor at play and clothing is apt to be soiled by the "Floradcol" so that it has been found better to use soap and water and a scrubbing brush on this floor.

As the wood-blocks of the other class-rooms are well saturated with "Floradcol" only a very small quantity is required in the annual renewal of the application; excess makes the floors slippery, particularly where wood-block flooring exists. The work should be done as soon as possible after the closure for the summer holidays, so that the preparation may have time to soak well in before the classes are again in use. This remark applies to all school floors treated with "Floradcol".

Taking the rooms seriatim :—

(a) The Cloakroom is dry and well lighted, has a cement floor and is heated by one three-bar electric stove. There are both wall pegs and loose stands for cloak accommodation. In it are two fixed washhand basins with running water and two roller towels which are changed once weekly.

(b) Standard I. Classroom. There is good daylight from the west coming from three windows on the scholars right. There is also a window on the north wall behind the scholars, and the east side is formed of a wood and glass partition separating this room from another class. It is heated by a coal fire and the temperature was 55 degrees at the time of my visit.

(c) The first and second classes are held in one large room, lighted mainly from the east, though there are also two windows behind the scholars in the north with a building sufficiently close to obscure the lighting from that side. There are two fireplaces in this room, one opposite each class.

(d) In the Baby Class there are windows to east and south, giving good light. There is one fireplace and a moveable stand with washhand basin in the room, for teaching purposes.

General.—The artificial lighting throughout is electric and satisfactory. Tobin tubes for ventilation are found in the walls of each classroom. The air in all the rooms was fresh, though it was near closing time when I left the school.

Outside.—Conditions are not quite so good, in that the surface of the school-yard is full of shallow depressions filled with rainwater at the time of my visit. These were particularly in evidence near the school offices. The Head Teacher reported that the flush tanks in the school offices tend to overflow, though they were not doing so at the time of my visit. The cement floor of these offices was considerably cracked, probably due to former frosts.

The ridge tiles of the school roof were defective in several places, the tiles being absent or cracked. In one instance a broken tile lay on the steep ridge right above the entrance door, in such a position that it might slip on to the heads of the children entering or leaving school.

Patches of damp had appeared on the roof of the Head Teacher's room, owing to rain coming through to the attic where the tiling is defective and then through the attic floor into the Head Teacher's room.

Recommendations.—Repair of the School Yard surface and all the defective roof-tiles.

Attention to the flush tanks in the school offices, and to the cracks in the cement flooring of the offices.

The supply of clean roller towels does not seem to be large, but doubtless some latitude would be allowed the Head Teacher in replacing soiled towels when necessary.

ST. JAMES' INFANTS' SCHOOL : The school buildings with their playground occupy the angle between Albion Road and Quarry Road, where Camden Road ends by splitting into

these two roads. The long axis of the building roughly bisects the angle formed by these roads.

There is accommodation for 231 children, and there are 128 on the register.

There are three classrooms, of which the central large room is sub-divided by a light hanging curtain, making four classrooms in all.

(a) The Infants' Room.—This is occupied by children of four and of five years of age, in fairly equal proportions. It has separate chairs for each child and broad low tables, each for two children to sit at ; it is well and suitably furnished.

In contrast with the rest of the school, the plank floor had not been treated with "Floradcol" dust-allaying solution, being scrubbed with soap and water. The electric light shades and ledges showed considerable dust deposit in consequence. The rest of the school floor is treated with "Floradcol" and therefore dry-cleaned and swept. "Floradcol" suitably applied at the commencement of a holiday period, need leave no excess oil on the surface to blacken the children's clothes : the absence of dust is of great advantage as it prevents throat irritation, therefore coughing and the spread of droplet infections is lessened.

There is an adequate centrally-situated heating stove, an opening roof skylight and ventilator, three windows behind and three facing the children, and five pendant electric lights. The lighting, both natural and artificial, is good, and means of ventilation good.

(b) The two small cloakrooms, one for boys and one for girls, open off the classroom. The pegs are crowded together and the floors are of wood. Off the girls' cloakroom is one washhand basin and towel available for the whole school—staff and pupils. It can only be approached through the Infant classroom.

(c) The Main Classroom takes Standard I., and is subdivided by a curtain. Boys were being taught in the south half and girls in the north half when I visited, but this is only an occasional sub-division : often all are in the north part of the room and the other unoccupied.

There are two tortoise stoves, one in each section. The south half is adequately heated throughout, but the north half is heated by a stove situated close to the dividing curtain, and the distant parts of the room are insufficiently warmed on cold days.

In the south half the lighting is good (four windows and three electric lights). There are dual and triple desks with backless forms attached, but no outsizes are provided. Ventilation is good.

The north half is somewhat larger. The lighting, both natural and artificial, is good, there being six windows and three pendant electric lights. Means of ventilation consist of doors, windows and opening roof lights. There are triple desks only, with forms attached, of which some have backs.

(d) Classroom I.—This is a well lighted, airy classroom with seven windows—three behind, one on the left side and three facing the children. Only half the room is used. There are five pendant electric lights. Here there are dual desks only, two of these are outsize—an improvement on the seating in Standard I. room. A central stove gives a good heat, and ventilation, which is by windows and skylights, is good.

(e) For children other than infants, there are two small cloakrooms off Standard I. room. The one for the boys wood-floored and small and square. The girls is in the passage leading to the playground, and the school offices open rather near the outside door from this passage. The girls' offices consist of five W.C.'s with six seats (one being duplex with slate partition between the seats). Three doors have partly rotted away, and need renewal. One of these W.C.'s reserved

for the Teaching Staff has an infants' size seat. This needs replacement by a suitable seat.

The boys' urinal has a sprinkler wall-pipe, controlled by a stop-cock in the duplex W.C. in the girls' offices. On turning this on, I noted that the wall of the urinal was flushed by water from only three holes in the supply pipe, one other hole was in action away from the wall, which is of slate. There are two small size W.C.'s for boys, one being of duplex pattern, making three seats in all.

(f) The Playground, being set in an angle, is not well adapted for organised games and physical exercises. Its surface was in good repair.

Recommendations—

For the Staff W.C., a suitable wooden seat, a new door and a lock and key should be provided. Two other W.C.'s need new doors. The boys' urinal needs scraping and cleansing, and its flush pipe needs cleaning out so that the sprinklers act efficiently.

There is no provision in the cloakrooms for drying clothes or shoes. Cloakrooms should not ventilate into the classrooms, but their windows should be more used for airing clothes, and the doors leading into the classrooms kept closed.

Another washhand basin and roller towel should be provided at the opposite end of the school to the present one, which opens off the Infants' classroom.

“ Floradcol ” should be used for the Infants' classroom floor, subject to the usual precautions against excessive oil on the surface of the wood.

As opportunity offers, dual desks with seats provided with backs should replace the triplicate variety without backs, also some outsizes should be provided for Standard

I., as the children are not all of one pattern size as are the desks.

Medical Inspection.

All children undergo three routine medical inspections in the schools. The three age groups inspected were Entrants (5 to 6 years), Second Age Group (8 to 9 years of age) and the Third Age Group (12 to 13 years). All children admitted to elementary schools from private schools are medically inspected as soon after their admission as possible ; if these do not fall within the above Groups, they are included as " Other Routine Inspections." The number of Routine Inspections carried out during the year was 1,062 (1,060 by the School Medical Staff and 2 at the parents' request by the private medical attendant).

The Board's schedule of medical inspection was closely followed.

Routine school inspections were held in the afternoons, arrangements being made for the inspection of 25 children at each session. The parents are notified of an inspection, and their presence is requested.

In addition to the above, 30 children were specially inspected at the request of the teachers, and 1,363 re-inspected in the schools (see page 118).

At the School Clinic, 1,447 special examinations and 1,592 re-inspections took place. In addition 175 special inspections and 285 re-inspections were made at the Open-Air School.

The total number of medical examinations carried out was therefore 5,954 (previous year 5,067).

Additional medical staff has allowed of more frequent re-inspection of children found to have defects : the number of re-inspections at the School Clinic and in the schools has doubled during the past three years.

Findings of Medical Inspections.

The following Table showing the defects found by medical inspection, is similar to Table II. on page 107, but the defects found under each Group of Routine Inspections are given separately :—

	ROUTINE MEDICAL INSPECTIONS.								1,652 Special Examina- tions.	
	387 Entrants.		294 Second Age Group.		340 Third Age Group.		41 Others.			
	Re- quir- ing treat- ment.	For obser- vation	Re- quir- ing treat- ment.	For obser- vation	Re- quir- ing treat- ment.	For obser- vation	Re- quir- ing treat- ment.	For obser- vation	Re- quir- ing treat- ment.	For obser- vation
Malnutrition	4	4	3	7	3	2	—	—	74	9
Skin—										
Ringworm—Scalp	—	—	—	—	—	—	—	—	5	—
" Body	—	—	—	—	—	—	—	—	3	—
Scabies	—	—	—	—	—	—	—	—	2	—
Impetigo	—	2	—	—	—	—	—	—	69	—
Other Diseases (Non- Tuberculous)	—	7	—	3	—	2	—	—	86	6
Eye—										
Blepharitis	—	—	—	—	1	—	—	—	27	1
Conjunctivitis	1	—	—	—	—	—	—	—	55	—
Keratitis	—	—	—	—	—	—	—	—	—	—
Corneal Opacities	—	—	—	—	—	—	—	—	—	—
Defective Vision (ex- cluding Squint)	—	—	12	5	22	4	2	2	17	1
Squint	2	2	—	—	3	1	—	—	5	2
Other Conditions	1	—	1	—	—	—	1	1	29	1
Ear—										
Defective Hearing	3	—	1	2	1	—	—	—	18	—
Otitis Media	2	—	1	—	2	—	—	—	17	—
Other Ear Diseases	3	—	2	—	—	—	—	—	43	1
Nose and Throat—										
Tonsillitis only	3	80	4	68	3	47	—	8	35	57
Adenoids only	—	2	—	1	—	—	—	—	9	—
Tonsillitis and Adenoids	18	30	6	7	1	5	2	—	25	2
Other Conditions	3	2	1	1	2	1	—	—	17	15
Enlarged Cervical Glands (Non-Tuberculous)	—	97	—	56	1	35	—	9	7	93
Defective Teeth	68	82	33	65	18	42	6	5	88	5
Defective Speech	—	2	—	—	—	—	—	—	—	—
Rheumatism	3	4	—	4	—	3	—	1	6	—
Heart and Circulation—										
Heart Disease—										
Organic	—	5	—	3	—	3	—	—	—	5
Functional	—	8	1	3	—	2	—	2	1	2
Anaemia	—	1	—	1	—	—	—	—	1	—
Lungs—										
Bronchitis	2	3	—	1	—	—	—	—	11	1
Other Non-Tuberculous Diseases	—	2	—	2	—	1	—	1	11	11
Tuberculosis—										
Pulmonary—Definite	—	—	—	—	—	—	—	—	—	—
Suspected	—	—	—	—	—	—	—	—	1	—
Non-Pulmonary—										
Glands	—	—	—	—	1	1	—	1	2	8
Bones and Joints	—	—	—	—	—	—	—	—	—	1
Skin	—	—	—	—	—	—	—	—	—	—
Other Forms	—	—	—	—	—	—	—	—	1	—
Nervous System—										
Epilepsy	1	—	—	—	—	—	—	—	2	—
Chorea	—	—	—	1	—	1	—	—	4	5
Other Conditions	1	9	1	2	—	1	—	—	4	7
Deformities—										
Rickets	—	—	—	—	—	—	—	—	—	—
Spinal Curvature	2	2	1	2	—	6	1	—	—	1
Other Forms	5	—	2	2	4	7	1	—	6	3
Other Defects and Diseases	14	16	5	23	6	11	1	2	319	91

(a) MALNUTRITION.—Of the 106 children considered to show signs of malnutrition, 84 were noted as in need of treatment.

In Table II. there is a new section in which classification of the nutrition of all children undergoing Routine Medical Inspection is required. Classification of degrees of nutrition is notably difficult, and there is no doubt that each individual inspector will differ in his results from those of others. This Table will be found on page 108.

(b) UNCLEANLINESS.—Eight thousand, two hundred and sixty-five heads were inspected during 1935, and of these 2.1 per cent. showed the presence of infestation with vermin or their eggs, as compared with 2 per cent. in 1934. Six schools—St. James' Boys, Grosvenor, Royal Victoria, King Charles' Boys, Down Lane and St. Mark's—showed a complete absence of this trouble at each inspection during the year. This is the highest number of individual departments to achieve a clean record since records were started in 1922. On the other hand, some schools showed increased infestation. Vigilance on the part of the teaching staff in detecting and reporting early infestation is of the greatest help in preventing the spread to others.

The total number of inspections for the presence of vermin was 8,477 ; of this total 132 were re-inspections in school and 80 re-inspections at the School Clinic.

The School Nurses make a routine inspection of all children during each school term—*i.e.*, thrice yearly. The following Table records the work done by the Nurses at these routine head inspections, and the conditions found, as compared with the years 1934 and 1922, the year in which a vigorous campaign was started.

INSPECTIONS OF HEADS FOR YEAR 1935.

SCHOOL.	No. of Heads inspected.	No. in whom Nits only were found.	No. in whom Vermin found (head or body).	Percentage of Nits or Vermin found, 1935.	Percentage of Nits or Vermin found, 1934.	Percentage of Nits or Vermin found, 1922.
St. James', Boys ...	414	—	—	0.0	0.0	5.2
„ Girls ...	378	3	—	0.8	2.5	8.6
„ Infants ...	240	8	—	3.3	2.8	5.8
St. Barnabas', Jun. M'd	607	13	—	2.1	1.9	—
„ Infants ...	291	14	2	5.5	2.5	14.4
St. John's Jun. Mixed	518	10	—	1.9	1.9	—
Down Lane ...	310	—	—	0.0	1.0	8.9
St. Luke's ...	280	17	2	6.8	4.6	20.6
St. Augustine's ...	299	6	—	2.0	4.3	31.3
Grosvenor ...	305	—	—	0.0	0.0	4.7
Royal Victoria ...	266	—	—	0.0	0.3	7.7
Basinghall ...	258	9	4	5.1	4.8	15.6
Holy Trinity ...	371	2	3	1.3	1.3	24.9
St. Peter's, Jun. Mixed	271	9	—	3.3	1.0	—
„ Infants ...	138	7	—	5.1	3.0	28.8
Rusthall, Boys ...	639	9	1	1.6	1.8	10.9
„ Girls ...	705	12	8	2.8	4.0	28.0
„ Infants ...	427	5	9	3.3	3.3	13.8
Murray House ...	398	2	—	0.5	0.0	4.7
King Charles' ...	411	—	—	0.0	0.0	1.3
Christ Church ...	369	8	—	2.2	2.3	34.2
St. Mark's, Jun. Mixed	223	—	—	0.0	0.0	—
Open-Air School ...	147	8	6	9.5	2.6	—
TOTALS ...	8,265	142	35	2.1	2.0	14.7

Every effort is made to advise and to aid parents in getting children cleared of the trouble as soon as it is found. It was not found necessary to resort to prosecution in any case during 1935.

(c) MINOR AILMENTS AND DISEASES OF THE SKIN.—As will be seen in the Table on page 81, the greater number of these cases were discovered at the School Clinic, where the children presented themselves for treatment.

(d) VISUAL DEFECTS AND EXTERNAL EYE DISEASE.—Sixty-three children were found to require treatment for defects of vision or for Squint, as compared with 47 in 1934.

It should be noted that at the Routine Medical Inspection of Entrants, the vision is not tested, as the children are too young to read the letters.

(*e*) NOSE AND THROAT DEFECTS.—It will be seen that 455 defects of the nose and/or throat were discovered amongst the children. Of the children undergoing routine inspection, 4 per cent. were referred for treatment.

(*f*) EAR DISEASE AND DEFECTIVE HEARING.—Ninety-six cases were noted, 93 of which were referred for treatment. Here again, the majority of the defects were discovered amongst children presenting themselves at the School Clinic.

(*g*) DENTAL DEFECTS.—One hundred and twenty-five of the children undergoing a routine medical inspection (11.8 per cent.), and 88 children seen at the School Clinic, were found to require immediate dental treatment. These were referred to the School Dental Surgeon, without waiting for the routine dental inspection. The large number of children so referred cuts into the Dental Surgeon's time considerably, and diminishes the frequency with which he can conduct routine inspections and re-inspections in the schools. An extension of the time devoted to dental care is needed.

(*h*) ORTHOPAEDIC AND POSTURAL DEFECTS.—Forty-five children were found to be suffering from some deformity (35 in 1934), of whom 22 (19 in 1934) were referred for treatment.

(*i*) TUBERCULOSIS.—One case of suspected Pulmonary Tuberculosis and 4 of Non-Pulmonary Tuberculosis were found, and referred for treatment. Amongst the 15 old cases examined, 4 were found to be in need of treatment.

(*j*) HEART DISEASE AND RHEUMATISM.—Thirty-eight children were found to be suffering from diseases or disorders

of the heart and circulation, and 21 children were classed as suffering from Rheumatism. Three of the heart cases and 9 rheumatic children were referred for treatment.

(*k*) OTHER DEFECTS AND DISEASES.—Under this heading, which includes debility, injuries, etc., 488 defects were found, of which 345 required treatment.

Following-up.

The following-up of children is undertaken in three ways, namely :—

- (a) By home visits of School Nurses.
- (b) At the School Clinic, where children frequently come for re-inspection by the Medical Staff, and
- (c) By medical re-inspections in the Schools.

The School Nurses' work during 1935 included the following :—

Visits to Houses where the following Diseases have occurred.	First Visits.	Sub-sequent Visits.	TOTAL VISITS.
Scarlet Fever	7	—	7
Diphtheria	—	—	—
Measles	1	1	2
German Measles	1	—	1
Mumps	457	246	703
Whooping Cough	77	13	90
Chicken Pox	126	78	204
Sore Throat	32	—	32
Ringworm (Scalp)	—	1	1
„ (body)	—	—	—
Verminous Heads	5	1	6
Verminous Bodies	2	—	2
Impetigo Contagiosa	22	5	27
Scabies	2	—	2
Infectious Eye Disease	12	2	14
Other Diseases	53	7	60
Totals	797	354	1151

Home Visits arising out of Medical Inspections, and for other information	...	...	...	...	...	...	...	1,789
Cultures taken	...	...	...	...	...	...	...	23
Number of Heads Inspected	...	...	...	...	...	...	...	8,477
Visits paid to Elementary Schools (all purposes)	...	...	...	...	...	...	...	170

As will be seen on page 118, 1,363 re-inspections were carried out at the schools, and the results were as follows :—

Cured	...	...	...	...	210
Improved	...	...	...	...	493
Stationary	...	...	...	...	543
Worse	...	...	...	...	117

Arrangements for Treatment.

(a) MALNUTRITION.—Children who are suffering from this condition to any marked extent are sent to the Borough Open-Air School for Physically Defective Children, where three meals a day are provided at a charge relative to the parents' means. Full particulars concerning this School will be found on page 94.

For those children who are found to be suffering from slight Malnutrition, milk is provided in school at 11 a.m., either at the parents' expense, or—when circumstances demand it—at the expense of the Education Committee (see page 97 for details of this scheme).

(b) UNCLEANLINESS.—When children are found to be suffering from verminous heads, the parents are given printed instructions for dealing with the trouble. In certain instances where they fail to clear the child's head of nits, the School Nursing Staff assists: such assistance was given in thirteen cases in 1935.

In the case of Scabies and other parasitic skin diseases, disinfectant baths are given in the Cleansing Station at the Health Offices, the clothing being dealt with by steam sterilisation in a Willesden Sack Disinfector. This has proved a very effective way of dealing with such cases. Four individual children were treated by this method.

(c) MINOR AILMENTS AND DISEASES OF THE SKIN.—These are treated at the School Clinic by the School Nursing

Staff. The following Table gives details of the defects treated during the year :—

Disease or Defect.	No. of defects treated.	No. of treatments given.
Minor Ailments :—		
Septic wounds	148	938
Burns, bruises, and sprains	40	205
Minor injuries, cuts and abrasions	98	506
Boils and chilblains	63	399
Miscellaneous	130	577
Skin Diseases :—		
Impetigo	118	851
Eczema	5	24
Ringworm	8	49
Rashes	10	35
Herpes	6	26
Scabies	4	11
Dermatitis	6	32
Miscellaneous	2	6
Total	638	3,659

With but very few exceptions, all children attended the Clinic until cured.

The children in attendance at the Borough Open-Air School are treated there by the Nurse in attendance, and details of the treatment given will be found on page 95.

(d) VISUAL DEFECTS AND EXTERNAL EYE DISEASE.—Dr. Davies, the Ophthalmic Surgeon, attends the School Clinic three times in each month, and all cases found to require treatment are referred to him. During the year, 436 examinations were made by Dr. Davies, and spectacles were prescribed for 77 children.

Twelve children were operated upon for Squint at the Kent and Sussex Hospital.

One hundred and twenty-seven cases of external eye disease were treated at the School Clinic by the Nursing Staff as follows :—

Disease or Defect.					No. of defects treated.	No. of treatments given.
Conjunctivitis	...	...	...	...	62	345
Blepharitis	...	...	...	...	22	148
Styes	...	...	...	...	29	102
Miscellaneous	...	...	...	...	14	43
Total					127	638

The number of cases of Conjunctivitis is larger than usual owing to an outbreak of “pink eye” in one of the schools. Steps were taken to emphasize the need for care in washing the hands, etc., at the school, and to provide paper towels for use during the period of the outbreak. Several hundreds of paper towels were supplied to the school in question by this Department, and in my opinion this step contributed greatly to the disappearance of this very infectious condition.

In addition to the above, 74 children had 301 applications of atropine to their eyes.

(e) NOSE AND THROAT DEFECTS.—The Education Committee has made arrangements with both the Homoeopathic and the Kent and Sussex Hospitals for the treatment of tonsils and adenoids by operation.

As will be seen in Group III., Table IV., on page 114, 119 children suffering from defects of the nose or throat, or both, received treatment during the year. In one case a foreign body in the nose was removed, and 118 operations were performed for the removal of Tonsils and/or Adenoid growths. Ninety-seven of these operations were done under the Local Education Authority’s agreement with the hospitals. Of these 97, 63 parents paying into the Tunbridge Wells and District Association of Hospital Contributors or into the Pea-nut Hospital Honey Comb Scheme had their children operated upon under the terms of the agreement between the Local Authority and these Associations. Twenty-one operations were known to have been carried out privately.

The total number recommended for treatment was 129, and 108 received treatment (the other 11 cases known to have been treated, were recommended by private medical attendants). This represents a percentage of 83.7, but it should be borne in mind that a number of those treated in 1935 were recommended during the previous year, just as others recommended treatment in 1935 have been treated since the year ended.

I am of opinion that operative treatment of unhealthy conditions of the nose and throat is a valuable factor in reducing the incidence of those infectious diseases of which the path of entry is the nose and throat: also the severity of, and tendency to complications in Scarlet Fever are undoubtedly less amongst those who are unobstructed by enlarged tonsils and adenoid growths.

(f) EAR DISEASE AND DEFECTIVE HEARING.—Ninety-three of the 96 sufferers from ear disease or deafness were referred for treatment, the majority to Dr. Walker Wood, the Aural Surgeon, who is in attendance at the School Clinic on the first Monday in each month. One hundred and ninety-seven attendances were made to see the Aural Surgeon, and appended is a report of the work done by him :—

During the year, ten Aural Clinics were held, the average attendance being twenty.

Synopsis of Cases Examined.

Ear Cases. Included Deafness, “Discharging ears,” earache. Total, 54.

Throat Cases. Mostly cases of enlarged tonsils and/or Adenoids. Total, 27.

Nose Cases. Various forms of rhinitis causing nasal obstruction (mouth breathing) or nasal discharge. Total, 12.

The routine treatment of Aural cases, particularly the treatment of “discharging ears”, has been most efficiently carried out by the School Nurses with most satisfactory results. Over 75 per cent. of the cases of aural suppuration have cleared up with treatment. Many of these children would have had permanently damaged ears and consequent deafness, but for the fact that the routine treatment of the suppuration is followed up by treatment to restore the hearing. In most cases this has been successful.

(Signed) J. WALKER WOOD.

The School Nurses treated 115 cases at the School Clinic as follows :—

Disease or Defect.	No. of Cases treated.	No. of treatments given.
Otorrhoea, etc.	36	854
Deafness, wax in ear	54	525
Miscellaneous	25	183
Total	115	1,562

In addition to the above, 12 children had 367 treatments at the Open-Air School (see page 95).

(g) DENTAL DEFECTS.—From May, 1935, the dental sessions were increased from five to six half days per week. During the year, the School Dental Surgeon devoted 17 half-days to inspections, and 202 half-days to treatment at the School Clinic.

The number of children inspected was 1,129, of whom 1,028 or 91 per cent., were found to require treatment, as compared with 86 per cent. in 1934.

Nine hundred and forty-nine individual children were treated, having 1,735 treatments, as compared with 969 children and 1,653 treatments in 1934.

There were 244 administrations of Gas, as compared with 156 during 1934.

A still larger response to notices of attendance for treatment would be beneficial to the children. The percentage attending for treatment when notified was 61 in 1935, compared with 57 in 1934, 60 in 1933, 57 in 1932, 64 in 1931, 62 in 1930, 53 in 1929 and 50 in 1928.

The aim of the Dental Surgeon's work is to save teeth wherever possible, thus according with the aim of the Board of Education.

Full details of the Dental Surgeon's work are given in Table V., on page 116.

(h) ORTHOPAEDIC AND POSTURAL DEFECTS.—The orthopaedic Clinic held once each month at the School Clinic was conducted by Dr. P. L. Richardson. He also supervised the treatment carried out by arrangement with the Kent and Sussex Hospital, on whose staff he acts as Visiting Orthopaedic Surgeon.

Twenty-six individual children were treated under the Local Authority's Scheme, 24 of whom attended the Kent and Sussex Hospital for treatment (remedial exercises, massage, electrical treatment), making 517 attendances. The drop in the attendances from 1,427 in 1934 was due to the lack of privacy obtainable in the Remedial Exercise Class in the Out-patient Department of the new Hospital. Arrangements have since been made to continue the remedial treatment at the School Clinic, and these are now working satisfactorily.

The other 2 cases were admitted to this Hospital for in-patient treatment, one child—a girl suffering from Osteomyelitis—for 21 weeks and 2 days, and the other case for 3 weeks and 5 days.

The following is a short report upon the work carried out by Dr. Richardson :—

During the year, 58 individual children attended my clinics at the School Clinic, and 108 consultations were held.

Of these, 26 were new cases, and the following are details of the conditions from which they were found to be suffering :—

Scoliosis	...	...	...	...	...	...	3
Flat foot	...	...	...	...	...	...	6
Rickets ...	...	...	...	...	...	...	2
Asthenia	...	...	...	...	...	...	2
Pigeon chest	...	...	...	...	...	...	1
Corns and warts on feet	...	...	...	...	...	...	1
Hip disease (? Tuberculous)	...	...	...	...	...	...	1
Old club foot	...	...	...	...	...	...	1
Fracture (forearm)	...	...	...	...	...	...	1
Miscellaneous	...	...	...	...	...	...	8

The majority of the cases of flat foot, scoliosis, etc., have been treated by remedial exercises, massage, etc., and have greatly improved.

(Signed) P. L. RICHARDSON,

Orthopaedic Surgeon.

(i) TUBERCULOSIS.—Suspected or definite cases of this disease are referred for medical treatment—mostly to the Tuberculosis Officer ; they are also carefully followed up to see that all obtain treatment. The number of elementary school children suffering from tuberculous complaints, at the end of the year, was 23 (as compared with 23 at the end of 1934). Nine cases were in attendance at the Open-Air School, 8 in attendance at elementary schools, 4 in various Hospitals and 2 at no school.

(j) HEART DISEASE AND RHEUMATISM.—Children found requiring treatment are referred to Hospital or to their own medical attendant.

(k) OTHER DEFECTS AND DISEASES.—Where other conditions are discovered needing medical treatment, the children are referred to their medical attendant or to the appropriate hospital—usually with a personal note of explanation.

Infectious Diseases.

The procedure taken with regard to infectious diseases amongst Elementary School children is as follows :—

The Head Teacher of each school notifies to the School Medical Officer daily, any case of infectious disease, actual or suspected. These cases are then followed up at home by the School Nurses and arrangements made for their exclusion from school, together with any contacts. Contact is maintained with the cases until they are finally freed for re-admission to school.

In major infectious illnesses such as Scarlet Fever and Diphtheria, the cases are removed to the Borough Fever Hospital, and all contacts are inspected by the Medical Staff before being allowed to return to school.

The following Table records the incidence of various infectious diseases amongst Elementary School children during the year, together with comparative figures for 1934 :—

Disease.	Boys.	Girls.	Total 1935.	Total 1934.
Scarlet Fever	15	14	29	63
Diphtheria	1	1	2	15
Enteric Fever	—	—	—	—
German Measles	1	—	1	8
Measles	—	1	1	27
Whooping Cough	31	35	66	213
Mumps	294	234	528	5
Chicken Pox	74	75	149	235

There were no deaths from infectious disease amongst the school population during 1935.

The incidence of Scarlet Fever was small, and of Diphtheria almost non-existent: of the minor infections, Mumps (528 cases) alone was prevalent in epidemic form, chiefly during March and April, with a minor outbreak in

December. Chicken Pox (149 cases) was less than in 1934, but still moderately prevalent, chiefly early in the year. Whooping Cough was of low incidence, and only one stray case of Measles and one of German Measles occurred.

No schools or classes were closed, and no " low attendance certificates " were issued under the Elementary Education Provisional Code, 1922, Amending Regulations No. 2, 1924. Summing up, 1935 was peculiarly free from the incidence of infection.

One thousand and eighty notices were sent from the Public Health Department to the Head Teachers of the schools excluding children, and 1,100 freeing notices were sent. In addition, 40 exclusion notices for definite periods were issued.

The Borough Open-Air School.

A Special Open-Air Day School has been built for the accommodation of 60 physically defective children. The School was opened in May, 1931, and consists of a Central Administrative Block containing kitchen, larder, dining room, medical room, spray-bathroom, dressing room, blanket room and teachers' room. To the south-east of the main block, there is a classroom for infants, and to the south-west another classroom with rest-room attached. This rest-room is also used for teaching purposes.

During 1934 a Bungalow was built near the entrance gate for the Caretaker and Gardener, whose wife also acts as Cook-Housekeeper. The small dressing room attached to the bathroom was also built during 1934.

In February, 1935, a Bathing Attendant was appointed to assist for one hour daily with the school children's baths, under the supervision of the School Nurse.

The meadow in which the School is situated is a pleasant one, with woodland shade at the south end.

Ninety-two individual children attended this School in 1935, compared with 78 during 1934 ; 35 were in attendance the whole year.

The average increase in weight per month amongst the 92 children referred to was 0.67 lbs. (compared with 0.61 lbs., in 1934, 0.67 lbs., in 1933, 0.57 lbs. in 1932, and 0.44 lbs. in ordinary schools).

The average gain amongst the 35 children who were in attendance the whole year was 0.50 lbs. (0.50 lbs. in 1934) per month. The lowest individual gain amongst these 35 children was 0.5 lbs., and the greatest gain was 11 lbs.* Nine children gained half a stone or more.

Only one child failed to gain weight during the year, owing to very irregular attendance.

The provision of this School enables your Medical Staff to deal satisfactorily with the undernourished and debilitated child who cannot stand up to the strain of ordinary school life.

Miss Bucknell acts as School Nurse, and spends four hours daily (9 a.m. to 1 p.m.) at the School. She supervises the children's meals, rest periods, etc., and she also gave the following treatments for various minor ailments :—

			<i>No. of cases.</i>	<i>Treatments.</i>
Skin diseases	...	...	14	165
Eye ailments	...	...	18	99
Ear ailments	...	...	12	367
Miscellaneous (bruises, chil-				
blains)	...	...	111	605
			<hr/>	<hr/>
Total	...	...	155	1,236
			<hr/>	<hr/>

Visits were paid two or three times each week either by the School Medical Officer or by his Assistant. The greater amount of time and attention which the Medical Staff can now give to the individual study of the physical needs of the children attending this School has increased the value of the inferences to be drawn from observing the benefits derived from the different phases of Open-Air School life, whether it be diet, fresh air, sun-bathing, exercise, bathing or rest that is under consideration.

It should be remembered that, though Tunbridge Wells is a pleasant and airy town, its school buildings in general leave much to be desired, having been designed to meet the conceptions of a past generation which had no precedent construction by which to guide itself aright : it had not then been realised that pure air, good lighting, warmth without stuffiness, and adequate ventilation were vital to the physical and mental health of growing children : these are salient characteristics of modern school architecture. There is a sharp contrast between our Open-Air School and most of our school buildings, in which so large a part of a child's life is spent. If a day should come when all our children are taught in modern school buildings, our Open-Air School merely needs enlarging to take its place amongst the others as fitted for normal education.

Physical Training.

In paragraph 18 of Circular 1444 of the Board of Education, entitled " Administrative Programme of Educational Development ", issued in January, 1936, a lead is given to all Local Education Authorities to widen the scope of their arrangements for Physical Education, and to organise these on a better basis.

There is at present no specially appointed Director of Physical Training in Tunbridge Wells, and it is left to Head Teachers to organise this branch of education to the best of

their ability. In every case in which a child's health is such as to impede or prevent his undertaking drill or severe physical exercises, notice to this effect is given to the Head Teacher at the time of inspection.

Organised visits are paid to the Corporation Indoor Baths by the senior scholars, who are admitted free of charge when bringing their own towels and in the care of a teacher. The sum of 10/- per week is paid by the Education Committee to the Baths Committee for the services of a Swimming Instructor and the sum of 1d., for each attendance during school hours. The number of such attendances during 1935 was 14,958 (16,467 in 1934).

Provision of Meals.

With regard to the provision of meals, Tunbridge Wells is fortunate in being able to deal with the more marked cases of malnutrition amongst its school children by sending them to its Open-Air School, in which there is accommodation for 60 children and where three meals per day are given at a cost varying from 9d., per day for those who can afford it, down to nothing in cases of extreme poverty.

In April, 1931, the Education Authority made arrangements for supplying milk in sealed bottles to school children, payment being made by the parent, or in cases where circumstances demanded it, by the Local Authority. A recommendation is, in all assisted cases, made by the School Medical Officers. In this way it was found possible to obtain additional nourishment for those who required it. The recommendations are made in the first instance, for the current school term ; the children being re-examined at the commencement of the following term, and the supply renewed when necessary. The arrangements have proved popular, and are of particular value to those children who do not have much breakfast before leaving home

The number of individual children provided with free milk by the Local Education Authority in this way during 1935 was 88 at an approximate cost of £18 14s. 0d. In 1934 104 children were supplied at a cost of approximately £35 15s. 10d.

In October, 1934, under the Milk Marketing Board's Scheme, the price of milk supplied to schools was reduced from 1d. to $\frac{1}{2}$ d., for one-third of a pint bottle, and since that date a larger number of parents have taken advantage of the facilities. All the 23 schools in the Borough have now taken up the scheme, and at a census in October, 1935, it was found that 43 per cent. of all children attending elementary schools were receiving milk in school.

Co-operation of Parents.

Prior to the holding of a routine medical inspection, notices, which are sent from the Public Health Offices, are addressed and distributed by the Head Teachers, requesting the parents' attendance. The percentage of parents attending at the inspections was as follows :—

Entrants	...	...	...	94% (93% in 1934)
Second Age Group		...	...	82% (71% ,, ,,)
Third Age Group	...	...	...	57% (60% ,, ,,)
Other Routine Inspections			...	85% (80% ,, ,,)

In addition to the above, a large percentage of parents attend the School Clinic with their children.

Co-operation of Teachers.

(i) MEDICAL AND DENTAL INSPECTIONS.—The Head Teacher is invited to be present at these inspections, and is informed of all cases in which special care is required on account of the child's physical condition. The Head Teachers have evinced in many ways a keen interest in the health of the pupils committed to their charge, and have co-operated cordially with the School Medical Staff in endeavouring to

keep the general standard of health at a high level. I should like particularly to mention the interest and care which the Teachers have shown in connection with the supply of milk to children in schools.

(ii) FOLLOWING-UP.—The Head Teachers keep in touch with the School Nurses, and frequently add their advice and counsel to the parents in the matter of obtaining treatment where defects call for it.

(iii) MEDICAL AND DENTAL TREATMENT.—The Head Teachers are all informed of the advisability of sending any child who appears to be below his usual state of health to the School Medical Centre in cases where the child is not already receiving private medical attention. The power to send children to the Centre is vested in the School Medical Staff, Head Teachers, School Attendance Officer or parents.

Each week the Head Teachers are notified of all appointments given to scholars to attend the Dental Treatment Clinic and also the Ophthalmic, Aural and Orthopaedic Clinics : in this way they are able to assist in the keeping of these appointments.

Co-operation of School Attendance Officer.

The School Attendance Officer, whose office is situated at the Town Hall, keeps in constant touch with the School Medical Department, and co-operation is cordial and complete.

Co-operation of Voluntary Bodies.

(i) No call is made upon voluntary bodies in connection with the work of medical and dental inspection.

(ii) In following-up mentally defective children, the **Kent Voluntary Association for Mental Welfare** does most useful work. A subsidy of £20 is paid annually to this Association by the Corporation.

The following report from the Secretary records the year's work done by the Association :—

KENT VOLUNTARY ASSOCIATION FOR MENTAL WELFARE.

Report.

On work for the Tunbridge Wells Education Committee carried out for mentally defective children during the year 1935.

The total number of children of school age under the supervision of the Association on January 1st, 1935, was nineteen.

During the year fourteen new cases have been received from the School Medical Officer bringing the total to thirty-three.

Of these the details are as follows :—

1. Disposals.

Transferred to County M.D. Committee for Statutory Super-	3
vision	
Transferred to County M.D. Committee for Friendly Super-	2
vision	
Withdrawn from supervision	1
	— 6

2. Supervised for Education Committee, under 16 years of age :—

Attending Elementary School	6
Attending Tonbridge Special School	12
Attending Open-Air School	2
Attending Private School	1
Attending no School	6
	— 27
	—
	33
	==

Total number of children under the supervision of the Association,
December 31st, 1935 27

Reports.

Twenty-three reports have been rendered during the current year including seven First Reports, fourteen Annual Reports and two Special Reports with a recommendation that the cases needed continued care and should be notified to the County Mental Deficiency Committee for Statutory or Friendly Supervision.

Visits.

Members of the staff have paid fifty visits to the homes of the children and have had interviews at the different schools when the Head Masters and Mistresses were seen.

After Care.

The Association has continued to visit those children who have left school but may need help and advice. The parents appear to appreciate these visits and efforts are made to keep in friendly touch with the families.

Of the five cases transferred to the County Mental Deficiency Committee, one has married, one is helping her mother at home, two are attending the Occupation Centre and one is allowed to continue attendance at the Elementary School.

Of the six cases supervised for the Education Committee and attending no school, two girls are in regular domestic work, one helps at home, one has very irregular work, a lad has been employed as garden boy since he left school and another is an errand boy for a local ironmonger.

Occupation Centre.

The event of the year at the Centre has been the conversion of the Class from half-time to whole-time. This means that the children attend five days a week from 10—3.30, they have their mid-day meal at the Centre which affords great opportunities for training and the whole programme of work has been made more comprehensive. The mothers are very appreciative of the extra help which is given in this way and there is no doubt that the children will derive additional benefit from the extra hours.

Our grateful thanks are due to our voluntary helpers and to those who support us when we appeal for help in connection with the Summer and Christmas Treats.

(Signed) S. G. NUGENT.

(iii) The local branch of the **Invalid Children's Aid Association** is appealed to when it is desired to get a child to a Convalescent Home, and the arrangements are made by the Secretary of the I.C.A. This has been of great help in the medical treatment of invalid children, and I am glad to have this opportunity of acknowledging indebtedness to the Society for this work. Two hundred and fourteen cases were dealt with in 1935; of these 55 were sent to Convalescent Homes, etc., and 18 were given nourishment at their homes or in school.

(iv) **The Royal Surgical Aid Society** provides letters—each of the value of five shillings—in cases where glasses have been recommended to children whose parents have been found, on investigation, to require such assistance. In 11 out of 70 cases assistance was given in 1935.

(v) When found necessary, the Inspector of the **National Society for the Prevention of Cruelty to Children** has conferred with the School Medical Staff, such conferences proving of value to both parties.

HEALTH EDUCATION.

Copies of the magazine "Better Health," issued by the Central Council for Health Education, are distributed free to the senior scholars each month by the Local Education Authority. This magazine contains valuable information on health matters, and forms the subjects of talks given by the teachers.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

These children are brought to notice through medical inspections both at the schools and at the School Clinic, by the Health Visitors and also through the Maternity and Child Welfare Centres. In addition to these, the Head Teachers are each year requested to forward to the School Medical Officer details of all children who are (a) Partially Deaf, (b) Partially Blind, (c) Epileptic, (d) Crippled, (e) Suffering from heart disease, and (f) Dull or backward (stating the number of years retarded). These methods have proved to be adequate.

The following are details of all the Exceptional Children for whom the Local Education Authority was responsible at the end of 1935 :—

(a) BLIND.—There were three partially sighted children (2 boys and 1 girl) in attendance at elementary schools, all of whom were under observation by the Ophthalmic Surgeon. In addition, 2 such children were not attending school.

(b) DEAF.—One boy, who was too deaf to benefit from ordinary elementary school training, was at the end of the year, an inmate of the Brighton Institution for the Deaf and Dumb.

(c) MENTALLY DEFECTIVE.—Thirty-four detailed examinations of children presented for mental defects were made during 1935 of which 28 were first examinations, the children being classed as follows :—

Normal intelligence	...	3 boys and 1 girl.
Dull and backward	...	3 boys and 5 girls.
Feeble-minded	... ..	6 boys and 7 girls.
Imbecile	... ..	1 boy and 1 girl.
? Morally defective	...	1 boy.

Of the 6 children re-inspected, 2 were placed in the same category as when first examined, *viz.*, 1 dull and backward,

and 1 feeble-minded ; 3 were transferred from the dull and backward to the feeble-minded class, and 1 from the feeble-minded to the imbecile class.

The arrangements for sending feeble-minded children to the Tonbridge Special School as daily pupils, begun in the autumn of 1925, continued in use, and thirteen children from Tunbridge Wells were in attendance at the end of 1935. The children are conveyed to and from the School (a distance of four and a half miles from Tunbridge Wells) by omnibus, and are accompanied by the Part-time Assistant School Attendance Officer who acts as Guide.

Besides these 13 children (7 boys and 6 girls) attending the Special School, 6 such children (2 boys and 4 girls) were attending elementary schools, 1 boy and 3 girls were attending the Borough Open-Air School and 2 boys and 1 girl were at no school or institution.

The following-up and home supervision of mentally defective children is undertaken by the Kent Voluntary Association for Mental Welfare, and a copy of the Association's report upon the work carried out for the Local Education Authority will be found on page 100.

(*d*) EPILEPTIC.—There were, at the end of the year, no cases of severe epilepsy, except one girl included under paragraph (*f*) below.

(*e*) PHYSICALLY DEFECTIVE.—Under this heading at the end of the year were classed 105 children (see Table III., on page 109).

Of these, 60 were in attendance at the Open-Air School, 37 were attending elementary schools, 4 were in institutions, and 4 children were at no school or institution.

Full details of the work carried out at the Borough Open-Air School will be found on page 94.

(f) CHILDREN WITH MULTIPLE DEFECTS.—At the end of 1935 there were 4 children classified under this heading.

They suffered from the following defects :—

One boy—Feeble-minded and Tuberculous abdominal glands,

One girl—Epileptic and Cripple.

One girl—Imbecile and Tuberculous cervical glands.

One boy—Imbecile and Cripple.

The first mentioned was in attendance at the Borough Open-Air School, the last mentioned was in hospital, and the other 2 cases were at no school or institution.

NURSERY, SECONDARY AND CONTINUATION SCHOOLS.

There are no Nursery Schools in the Borough, but a Nursery Class for children 3-5 years is held in four of the Infants' Schools. The total number of children under five years of age attending elementary schools in the Borough was ascertained in January, 1936, to be 118.

The arrangements for Medical Service in the Secondary and Continuation Schools are undertaken by the Kent County Council.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Employment of Elementary School children is not of considerable extent, and during 1935, 75 certificates were granted (72 to boys and 3 to girls). The nature of the employment was as follows :—

Newsagents' Deliveries	...	...	...	...	32
Greengrocers' „ (including 3 girls)	...	...	...	...	20
Grocers' „	...	...	...	...	3
Butchers' „	...	...	...	...	5
Tailors' „	...	...	...	...	4
Miscellaneous „	...	...	...	...	7
Houseboys	...	...	...	...	4
Total	...	...	...	...	<u>75</u>

The physical condition of the children applying for employment has been good, and in only 4 instances has a certificate been refused on medical grounds to applicants, 2 of these being granted at a later date, after the defect had been remedied.

In July, 1935, arrangements were made to supply the Juvenile Employment Bureau of the Kent County Council with a medical report on each child leaving school at the age of fourteen years, and 227 such reports were made during the six months.

PARENTS' PAYMENTS.

The fees charged for treatment by the School Dental Surgeon are one shilling for extractions under gas, and sixpence for other treatment. These sums are payable at the time of treatment, but are remitted in necessitous cases. The sum of £15 17s. 6d. was collected in this way during 1935.

With regard to operations for tonsils and/or adenoids, the parents are interviewed by a member of the Medical Staff and a contribution is fixed according to the means of the parents. If however, the parents contribute to the Association of Hospital Contributors, they are not requested to make any contribution, as the hospitals have agreed to charge half fees for the operation in these cases. A similar arrangement with the Kent and Sussex Hospital only, applies to the Pea-nut Hospital Honey Comb Scheme. The average contribution made by the parents in respect of the 34 operations carried out during 1935 was six shillings and one penny.

No charge is made for the treatment of minor ailments, except aural cases requiring prolonged treatment, a charge of one shilling being then made.

SPECIAL INQUIRIES.

There were no special Inquiries conducted during the year under review.

STATISTICAL TABLES.

The six Statistical Tables required by the Board of Education are appended, and these give detailed information of the work done in the various branches of the School Medical Service. In addition, a copy of the Board of Education Form 307M. is appended.

TABLE I.

Medical Inspections of Children attending Public Elementary Schools.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	387
Second Age Group	294
Third Age Group	340
Total	1,021
Number of other Routine Inspections	41
Grand Total	1,062*

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,652
Number of Re-Inspections	3,240
Total	4,892

* *This figure includes 2 Routine Medical Inspections carried out by private medical attendants.*

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

NUMBER OF *Individual Children* FOUND AT *Routine* MEDICAL INSPECTION TO REQUIRE TREATMENT (**excluding Uncleanliness and Dental Diseases**).

PRESCRIBED GROUPS—

Entrants	59
Second Age Groups	39
Third Age Group	48
Total (Prescribed Groups)	146
Other Routine Inspections	8
Grand Total	154

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1935.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment
(1)	(2)	(3)	(4)	(5)
SKIN—				
(1) Ringworm—Scalp	—	—	5	—
(2) „ „ Body	—	—	3	—
(3) Scabies	—	—	2	—
(4) Impetigo	—	2	69	—
(5) Other Diseases (Non-Tuberculous)	—	12	86	6
TOTAL (Heads 1 to 5)	—	14	165	6
EYE—				
(6) Blepharitis	1	—	27	1
(7) Conjunctivitis	1	—	55	—
(8) Keratitis	—	—	—	—
(9) Corneal Opacities	—	—	—	—
(10) Other Conditions (excluding Defective Vision and Squint) ...	3	1	29	1
TOTAL (Heads 6 to 10)	5	1	111	2
(11) Defective Vision (excluding Squint)	36	11	17	1
(12) Squint	5	3	5	2
EAR—				
(13) Defective Hearing	5	2	18	—
(14) Otitis Media	5	—	17	—
(15) Other Ear Diseases	5	—	43	1
NOSE AND THROAT—				
(16) Chronic Tonsillitis only	10	203	35	57
(17) Adenoids only	—	3	9	—
(18) Chronic Tonsillitis and Adenoids ...	27	42	25	2
(19) Other Conditions	6	4	17	15
(20) ENLARGED CERVICAL GLANDS (Non-Tuberculous)	1	197	7	93
(21) DEFECTIVE SPEECH	—	2	—	—
HEART AND CIRCULATION—				
Heart Disease :				
(22) Organic	—	11	—	5
(23) Functional	1	15	1	2
(24) Anaemia	—	2	1	—
LUNGS—				
(25) Bronchitis	2	4	11	1
(26) Other Non-Tuberculous Diseases ...	—	6	11	11
TUBERCULOSIS—				
Pulmonary :				
(27) Definite	—	—	—	—
(28) Suspected	—	—	1	—
Non-Pulmonary :				
(29) Glands	1	2	2	8
(30) Bones and Joints	—	—	—	1
(31) Skin	—	—	—	—
(32) Other Forms	—	—	1	—
TOTAL (Heads 29 to 32)	1	2	3	9
NERVOUS SYSTEM—				
(33) Epilepsy	1	—	2	—
(34) Chorea	—	2	4	5
(35) Other Conditions	2	12	4	7
DEFORMITIES—				
(36) Rickets	—	—	—	—
(37) Spinal Curvature	4	10	—	1
(38) Other Forms	12	9	6	3
(39) OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases)	39	77	399	100
TOTAL	167	632	912	323

TABLE II.—continued.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	387	49	12.6	286	73.9	51	13.2	1	0.3
Second Age-group	294	42	14.3	192	65.3	58	19.7	2	0.7
Third Age-group ...	340	72	21.2	228	67.0	40	11.8	—	—
Other Routine Inspections ...	41	11	26.8	26	63.4	4	9.8	—	—
TOTAL ...	1,062	174	16.4	732	68.9	153	14.4	3	0.3

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

BLIND CHILDREN.

A blind child is one who is "too blind to be able to read the ordinary school books used by children."

At Certified Schools for the Blind	...	...	...	—
At Public Elementary Schools	...	...	...	—
At Other Institutions	...	...	...	—
At no School or Institution	...	...	...	—
Total	...	...	...	—

PARTIALLY SIGHTED CHILDREN.

In this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted, have been entered.

At Certified Schools for the Blind	...	...	...	—
At Certified Schools for the Partially Sighted	...	...	...	—
At Public Elementary Schools	...	...	...	3
At other Institutions	...	...	...	—
At no School or Institution	...	...	...	2
Total	...	...	...	5

DEAF CHILDREN.

A deaf child is one who is "too deaf to be taught in a class of hearing children in an elementary school."

At Certified Schools for the Deaf	...	...	...	1
At Public Elementary Schools	...	...	...	—
At other Institutions	...	...	...	—
At no School or Institution	...	...	...	—
Total	...	...	...	1

TABLE III.—continued.

PARTIALLY DEAF CHILDREN.

In this section children who can appropriately be taught only in a school for the partially deaf, have been entered.

At Certified Schools for the Deaf	—
At Certified Schools for the Partially Deaf	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	—
Total	—

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.—Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

At Certified Schools for Mentally Defective Children ...	13
At Public Elementary Schools	6
At Other Institutions	4
At no School or Institution	3
Total	26

EPILEPTIC CHILDREN.—CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children are included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	—
Total	—

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

I.—*Children suffering from Pulmonary Tuberculosis* (including pleura and intra-thoracic glands).

At Certified Special Schools	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	—
Total	—

TABLE III.—continued.

II.—*Children suffering from Non-Pulmonary Tuberculosis* (this category includes tuberculosis of all sites other than those shown in (I) above).

At Certified Special Schools	...	...	...	...	8
At Public Elementary Schools	...	...	...	...	8
At other Institutions	...	...	...	...	4
At no School or Institution	...	...	...	...	1
Total	...	...	...	...	21

B.—DELICATE CHILDREN.

This Section is confined to children whose general health renders it desirable that they should be specially selected for admission to an Open-Air School.

At Certified Special Schools	...	...	...	...	48
At Public Elementary Schools	...	...	...	...	27
At other Institutions	...	...	...	...	—
At no School or Institution	...	...	...	...	—
Total	...	...	...	...	75

C.—CRIPPLED CHILDREN.

This Section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.

At Certified Special Schools	...	...	...	...	2
At Public Elementary Schools	...	...	...	...	1
At other Institutions	...	...	...	...	—
At no School or Institution	...	...	...	...	1
Total	...	...	...	...	4

D.—CHILDREN WITH HEART DISEASE.

This Section is confined to children in whose case the Medical Officer is prepared to certify that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools	...	...	...	...	2
At Public Elementary Schools	...	...	...	...	1
At other Institutions	...	...	...	...	—
At no School or Institution	...	...	...	...	2
Total	...	...	...	...	5

TABLE III.—continued.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only given in respect of children suffering from any combination of the following types of defect :—

Blindness (excluding partially sighted children).

Deafness (excluding partially deaf children).

Mental Defect (Feeble-minded).

Severe Epilepsy.

Active Tuberculosis.

Crippling (as defined in Section C above).

Heart Disease.

Combination of Defect.	At Certi- fied Special Schools.	At Public Elemen- tary Schools.	At other Institu- tions.	At no school or Institu- tion.	Total.
Feeble-minded and Tuberculosis	1	—	—	—	1
Epileptic and Cripple ...	—	—	—	1	1
Imbecile and Tuberculosis ...	—	—	—	1	1
Imbecile and Cripple ...	—	—	1	—	1

TABLE IV.
RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1935.
TREATMENT TABLES.
GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i.) X-Ray Treatment	—	1	1
(ii.) Other	5	—	5
Ringworm-Body	3	—	3
Scabies	4	—	4
Impetigo	121	7	128
Other skin disease	40	3	43
<i>Minor Eye Defects—</i>			
(External and other, but excluding cases falling in Group II.)	145	—	145
<i>Minor Ear Defects</i>	127	1	128
<i>Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)</i>	590	1	591
Total	1035	13	1048

TABLE IV.—continued.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

										No. of Defects dealt with.		
										Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint)										166	1	167
Other defect or disease of the eyes (excluding those recorded in Group I.)										15	1	16
Total										181	2	183
No. of Children for whom spectacles were												
(a) Prescribed										77	4	81
(b) Obtained										70	4	74

TABLE IV.—continued.
GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.									
Received Operative Treatment.									
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)	
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)
—	1	96	—	—	—	21	—	—	1
								(iii)	(iv)
								117	—
								1	119

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

TABLE IV.—continued.
GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated ...	—	2	24	3	—	4	33

Form 307 M.

Mental Deficiency (Notification of Children) Regulations, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1935, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified 4.

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	BOYS.	GIRLS.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots 	—	—
(b) Imbeciles 	2	1
(c) Others 	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives 	—	—
(b) Others 	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ...	1	—
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "special circumstances" cases ... <i>Note.</i> —No child is notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority.	—	—
4. Children who in addition to being mentally defective were blind or deaf ... <i>Note.</i> —No blind or deaf child is notified without reference to the Board—see Article 2, proviso (ii)	—	—
GRAND TOTAL	3	1

Number of Children Medically Inspected at each School.

SCHOOL.						GRADE.	BOYS.	GIRLS.
St. James'	...	...	...	...	...	Boys ...	43	—
"	...	...	...	...	...	Girls ...	—	49
"	...	...	...	...	...	Infants	47	46
St. Barnabas'	...	...	...	...	...	Mixed	12	13
"	...	...	...	...	...	Infants	27	25
St. John's	...	...	...	...	...	Mixed ...	14	10
Down Lane	...	...	...	...	...	Infants	27	33
St. Luke's	...	...	...	...	...	Infants	16	26
St. Augustine's	...	...	...	...	...	Mixed ...	24	25
Royal Victoria	...	...	...	...	...	Boys ...	22	—
Grosvenor	...	...	...	...	...	Boys ...	36	—
Basinghall	...	...	...	...	...	Infants	28	35
Holy Trinity	...	...	...	...	...	Girls ...	—	49
St. Peter's	...	...	...	...	...	Mixed	18	24
"	...	...	...	...	...	Infants	9	9
Murray House	...	...	...	...	...	Girls ...	—	48
King Charles'	...	...	...	...	...	Boys ...	52	—
Christ Church	...	...	...	...	...	Infants	36	35
St. Mark's	...	...	...	...	...	Mixed ...	9	12
Rusthall	...	...	...	...	...	Boys ...	70	—
"	...	...	...	...	...	Girls ...	—	73
"	...	...	...	...	...	Infants	43	32
Open Air	...	...	...	...	...	Mixed ...	7	6
						TOTAL	540	550

1090*

RE-INSPECTIONS :—

Cured	...	210
Improved	...	493
Stationary	...	543
Worse	...	117
	—	1363
TOTAL		2453

* This figure includes children specially inspected in the schools in addition to the Routine Medical Inspections.



